CGU SEE IT THROUGH.

# EMPLOYMENT PRACTICES 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.** Are you registered for GST? No ☐ Yes ☐ ▶ What is your ABN?

**3. 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 %

**4.** Insured's address

Postcode

**5.** Contact name

Telephone no.

Email Address

**6.** Policy number

**7.** Period of insurance from D D / M M / Y Y to D D / M M / Y Y

### Claim details

**8.** 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.* D D / M M / Y Y

**9.** 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 D D / M M / Y Y

**10.** Details of claimant/possible claimant

Name

Age

Gender

First day of employment D D / M M / Y Y

Last day of employment D D / M M / Y Y

**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 allegations anticipated against the Insured.
*If insufficient space, please continue in the section below.*

## Additional information in respect of Questions 8 and 12

**13.** 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.

## Section 5 - Insured/Policyholder declaration and acknowledgement

I/we 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/our knowledge and belief the information supplied by me herein is true and correct and I/we have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we 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**

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CGU Professional Risks
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