



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](http://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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