

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 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

  

**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

GPO Box 4609 Melbourne Vic 3001

Tel. (03) 9601 8709

Fax (03) 9602 5578

Email [priclaims@cgu.com.au](mailto:priclaims@cgu.com.au)



Insurer  
**Insurance Australia Limited**  
ABN 11 000 016 722 AFSL 227681  
trading as CGU Insurance.

backed by  iaG