CGU SEE IT THROUGH.

FIDELITY / DISHONESTY / FRAUD

NOTIFICATION OF A LOSS AND/OR CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

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

Daytime telephone no.

Email Address

4. Policy number

5. Period of insurance

From D D / M M / Y Y To D D / M M / Y Y

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. When was the loss discovered D D / M M / Y Y

9. Give the name of defaulting employees and their respective positions:

a. Name

Position

b. Name

Position

c. Name

Position

10. Have the Police been notified

No Yes Name of the Police Station

i. Date of notification D D / M M / Y Y

ii. Name of person who notified the police

11. State the period during which the default took place. D D / M M / Y Y

12. What is the total amount of the loss $

13. a. Give full details of how this amount has been calculated. (Please attach schedule)

b. Has the amount of loss been certified by Accountants or Auditors?

No Yes ▶ Please attach the Accountant's/Auditor's report.

14. Does the Loss involve a Trust account

No Yes ▶ Please provide:

a. Name of Trust account

b. Date last audited D D / M M / Y Y

c. Name and address of auditor

15. Have the employee(s) been involved in or been suspected of any previous loss?

No Yes ▶ Please give details

16. Give full details of the circumstances of the loss and how it was discovered.

17. What methods were used to conceal the defalcations?

18. What steps have been taken to prevent any recurrence?

19. Have any monies due to the defaulting employee been withheld?

No Yes ▶ Please provide details

Salary	$
Leave Pay	$
Other	$
Total	$

20. Do you hold any other guarantee or security for the employee?

No Yes ▶ Please provide details

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 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.

CGU Professional Risks
GPO Box 4609 Melbourne Vic 3001
Tel. (03) 9601 8709
Fax (03) 9602 5578
Email priclaims@cgu.com.au

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

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