



# 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 purposes?  
 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.  Facsimile no.

6. Policy number

7. Period of insurance  
 From  /  /  To  /  /

## 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.*

9. Date when the Insured:  
 (a) First became aware that there existed a set of circumstances which may result in a Claim being made.

(b) First received a notice of intention of any party to make a Claim.

10. Details of claimant/ possible claimant  
 Name   
 Age  Gender   
 First day of employment  /  /  Last day of employment  /  /

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.

### Declaration

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information.

I/we consent to CGU Insurance using my/our personal information I/we have provided on this form for the purpose of processing my/our claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice, however, CGU Insurance may not be able to process my/our claim.

I/we consent to CGU Insurance disclosing my/our personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisers. Where I/we have provided information about another individual (for example, an employee or client), I/we declare that the individual has been or will be made aware of that fact and the contents of the policy (which includes the section on "The way we handle your personal information").

**Signature of the insured or person with authority to sign  
for and on behalf of a company or partnership**

**Date**

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#### Claims Department

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GPO Box 4609 Melbourne VIC 3001  
Tel. (03) 9601 8709 Fax (03) 9602 5578  
Email [priclaims@cgu.com.au](mailto:priclaims@cgu.com.au)

#### CGU Professional Risks

CGU Insurance Limited ABN 27 004 478 371