

Claim Form – Audit Fees Paid

Policy Number 33AI02254PGB

ACCURACY OF INFORMATION. It is a condition of the Policy that all information provided is accurate. Any information found not to be true may lead to a claim being denied and the Policy being terminated. The insurer has the right to further investigate or audit any claim.

INSTRUCTIONS.

Step 1. Please complete this form; attach a copy of the letter from the relevant government agency advising of the audit; and mail to Claims, Audit Services Pty Ltd, PO Box 7100, McMahons Point NSW 2060 or fax to 1300 739 817 or scan and email to audit@auditservices.com.au.

Step 2. Please supply additional documents (refer 'Documents Required' below) in due course. If the documentation can't be provided, please contact us on 1300 595 615 to resolve.

Insured Name being audited:

Contact person should we have any questions:

Name: _____

Phone number: (____) _____

Fax number: (____) _____

Email address: _____

Is the Insured Name being audited GST registered? YES [] NO []

If 'YES', their ABN is: _____

What type of investigation, review or audit is being undertaken i.e., income tax, BAS, payroll, workers compensation?

Is the audit being undertaken for the purpose of verifying a refund? [] Yes [] No

When was the Insured Name first approached by the relevant government agency to provide additional information or advised that an audit was to be undertaken?

_____/_____/_____

Is the audit being undertaken the result of the Insured Name having volunteered changes to information provided on previously lodged returns? [] Yes [] No

Does the audit being undertaken involve an 'Insured Name' that has sought or entered into any form of administration, receivership, liquidation, insolvency, winding up or similar process? [] Yes [] No

Prior to the above date, was the insured or any representative advised by the relevant government agency of the need to comply or advised of a ruling or guide that outlines what practices would attract particular scrutiny? [] Yes [] No

Does the Insured Name have Business Pack or Management Liability Insurance? [] Yes [] No. If yes, please advise the name of the insurer and their policy number:

Insurer: _____ Policy number: _____

Please list below which periods/years* are being investigated, reviewed or audited and advise the date on which the relevant return was lodged with the relevant government agency:

Period/Year	Date return lodged
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____

If reporting this claim more than 20 business days after the above date, please explain why the delay.

Estimate of the final claim cost: \$ _____

If all documents, as outlined on Page 3, are not being provided to finalise this claim, approximately when will final documentation be provided? ____/____/_____

Where attached, does the Tax Invoice represent 'FINAL' [] or 'PROGRESS' [] payment.

Also, refer Page 3 re 'Documents Required' to complete the claim.

Signature: _____ Date: ____/____/____
(on behalf of the Insured)

>> It's important that you provide all documents as listed on Page 3 with the required information. The claim can't be submitted to QBE for processing until it is complete. <<

DOCUMENTS REQUIRED TO COMPLETE THE CLAIM

ALSO READ STEPS 1 & 2 ON PAGE 1.

1. Proof (typically by print outs from the relevant government agency's portal i.e., the ATO Portal or copies of the relevant dated returns) as to the actual date that the relevant return(s) being investigated, reviewed or audited were submitted to the relevant government agency.
2. The Tax Invoice from your accountancy firm for the professional fees incurred.
3. Where the amount of the Tax Invoice is greater than \$1,000, the insurer requires a copy of the accountant's 'time sheets' or 'work in progress' documents that support the Tax Invoice. The insurer requires a detailed breakdown that identifies the date of the activity undertaken; the partner/employee involved; a description of the activities undertaken; the relevant hourly charge rate for each partner/employee involved; the number of units/hours involved in each activity listed; the cost for each activity; and any disbursement costs.
4. A copy of the final letter from the relevant statutory authority confirming that the investigation, review or audit has been completed.

**>>> PLEASE NOTE THAT THIS CLAIM WON'T BE CONSIDERED BY QBE
UNLESS ALL REQUIRED DOCUMENTATION IS PROVIDED.
IF UNSURE, CONTACT US FOR FURTHER ASSISTANCE. <<<**

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.