

Claim Form- Audit Fees

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 any claim.

INSTRUCTIONS.

Step 1. Please complete this form; attach a copy of the letter from the relevant government agency advising of an audit; and mail to Claims Division, Underwriting Australia Pty Ltd, PO Box 20757 World Square NSW 2002 or fax documentation to 02 9261 4229.

Step 2. Please supply additional documents (refer 'Documents Required' below) in due course. If the documentation can't be provided, please contact us on 02 9261 4221.

Accountancy Firm's Name (as listed on the policy schedule):

Reference Number: _____ (If not known, leave blank & we'll complete.)

Policy Number: _____ (If not known, leave blank & we'll complete.)

Contact person should we have any questions:

Name: _____

Phone number: (____) _____

Fax number: (____) _____

Email address: _____

Client's Name (party being audited):

Insured category: High Worth Individual Trust – type? _____ Partnership
 Self Managed Super Fund Self Employed Trading Entity Non Profit Government Agency.

If the entity being audited differs to the listed 'Client Name', please list here and note additional information at # under the heading 'Documents Required' below.

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 first approached by the relevant government agency to provide additional information or advised that an investigation, review or audit was to be undertaken?

_____/_____/_____

Is the audit being undertaken the result of the Insured 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

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 4, 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.

To enhance claims settlement time and avoid cheques going astray in the mail, the insurer prefers to settle claims via EFT. If your firm hasn't previously lodged an EFT authority, please complete Page 3.

Also, refer Page 4 re 'Documents Required' to complete the claim.

Signature: _____ Date: ____/____/____
(Accountancy Firm Representative)

>> It's important that you provide all documents as listed on Page 4 with the required information. The claim can't be submitted to QBE for processing until it is complete. <<

AUDIT CLAIMS HANDLING & EFT SETTLEMENT AUTHORITY

Dear Insured,

To expedite faster claims settlements we encourage accountancy firms to agree to the following:

1. YES [] we wish to or NO [] we don't wish to submit claims paperwork direct. A 'YES' will avoid double handling and associated mail delays.
2. YES [] we agree or NO [] we don't agree to allow QBE Insurance (Australia) Pty Ltd (QBE) to EFT claims settlements. A 'YES' will avoid double handling and associated mail delays.

If 'YES' to 2. above, please complete the rest of the form + photocopy a coded deposit slip of your bank account details. This will ensure QBE has the correct bank account details

This Authority must be completed by a partner of your firm or a practice manager. Please note that, if incorrect bank account details are provided, QBE will not be responsible for payment to an incorrect account. QBE will provide a brief description on your bank statement on what the payment relates to and also forward correspondence confirming details of the payment.

Your Policy Number: 34 _____ PGB *(we'll complete this)*

Name of Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

BSB: _____

Account Number: _____

Signature: _____

Print Name: _____

Position: _____

You may also be aware that new privacy legislation took effect on 21 December 2001. The legislation regulates the way in which private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy, which explains what sort of personal information can be held about you and what QBE can do with that information. If you would like a copy of "QBE's Privacy Promise" information brochure, please forward your request to the address below. A copy of the brochure may also be obtained from www.qbecommercial.com.

Also, please note that all Tax Invoices for claims must be made out to QBE Insurance (Australia) Pty Ltd 85 Harrington Street Sydney NSW 2000 and sent to us as part of the claims documents.

Once completed, **mail** the original plus copy of the coded deposit slip to **PO Box 20757 NSW 2002**.

If you have any questions or have problems completing this form, please contact us on (02) 9261 4221.

DOCUMENTS REQUIRED TO COMPLETE THE CLAIM

ALSO READ STEPS 1 & 2 ON PAGE 1.

1. # It is possible that the entity being audited isn't noted as the listed 'Client Name', however, the entity may be a subsidiary or majority controlled entity of the listed 'Client Name'. Please provide a copy of official company records that clearly substantiates the relationship between the listed 'Client Name' and the entity being investigated, reviewed or audited.
2. Proof (typically by print outs from the relevant government agency's portal i.e., the ATO Portal) as to the actual date that the relevant return(s) being investigated, reviewed or audited were submitted to the relevant government agency.
3. Your Tax Invoice made out to QBE Insurance (Australia) Pty Ltd 85 Harrington Street Sydney NSW 2000. *(Note, whilst you use this address, please ensure the Tax Invoice is mailed to Audit Claims Division Underwriting Australia Pty Ltd PO Box 20757 World Square NSW 2002.)*
4. 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.
5. Where you have engaged another professional to assist, their fees must be included as a Disbursement Cost and where combined fees being claimed are over \$1,000, the same rule applies re the other professional providing 'time sheets' or 'work in progress' as per above.
6. 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.