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Directors' & Officers' Liability Insurance Claim

- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Insured
- All questions must be answered in completeness as far as possible. Please use additional sheets if necessary and copies of relevant supporting documents should be attached
- If you have any questions in relation to completing this Claim Form, please contact your broker or advisor for advice
- Please send the completed Claim Form to your broker or insurance advisor or to the following address as soon as possible
- Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

A. Details of insured corporation or Directors / Officers giving notification of a claim or potential claim

Full name of the insured corporation giving notification _____

Full name of the Directors / Officers giving notification _____

Address of the Directors / Officers giving notification _____

Policy No. _____

Telephone No. _____

B. The details of the relevant insured person(s)

1. Full name of the insured person(s) who is/are the subject of the claim or potential claim.

2. Full name of the insured entity of which such insured person(s) is/are a Director / Officer or employee.

C. Details of the claimant(s)

3. Full name of the claimant(s) or potential claimant(s) (i.e. party making a claim against the insured party) and their address.

D. Details of the subject activities

4. Describe the activity on the part of the insured party from which the claim arise or could potentially arise.

5. Was the performance of such activity described in the above evidenced in writing? If so, please provide a copy of the evidence. If not, please render details with appropriate particulars.

D. Details of the subject activities *Continued*

6. When was the activity from which the claim arises or may arise performed?

E. Details of the claim and circumstance surrounding it

7. Describe exact nature of claim (i.e. The Claimant's allegations) or the fact or circumstance that might give rise to a claim

8. Provide the date on which you first became aware of the claim or circumstance.

9. Provide the date on which the claim or the intimidation of a claim was first made against you.

10. Was the first intimidation of claim expressed verbally or in writing? (Please attach copy of the claim intimidation if the latter prevails. Otherwise, please give a 'first person' account of the correspondence).

F. Details of the insured's response

11. Describe your comment in response to the claim or fact or circumstance that might give rise to a claim.

12. What are your comment on the quantum surrounding the claim (if any)? What is your estimate of the potential monetary liability arising from this incident due to the Claimant?

F. Details of the insured's response *Continued*

13. Are there any additional details about which you wish to advise or which may be of interest to Great American Insurance Company in order that Great American Insurance Company will have a better understanding of this claim? If yes, please provide details along with supporting document.

G. Declaration

I/We _____

Of the Insured and on behalf of the Insured, declare that above answers to be true and correct AND acknowledge that Great American Insurance Company may make its decision on indemnity having regards to the answers provided herein.

Signature / Company Stamp

Date