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Professional Indemnity Insurance Claim Form

IMPORTANT NOTICE

- 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:

Claims Manager
Great American Insurance Company, Singapore Branch
3 Temasek Avenue #16-01
Centennial Tower
Singapore 039190

A. Details of insured corporation or directors / officers giving notification of a claim or potential claim

Name of Insured _____

Address of Insured _____

Contact Person _____ Policy No. _____ Tel No. _____

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

1. Full name of the claimant or description of the potential claim (i.e. the party claiming against you or the company)

2. Address of the claimant _____

C. Details of the insured's retainer / contract

3. Describe the work you were retained or contracted to do.

4. Was your retainer / contract for services evidenced in writing? If so, please provide a copy of the contractual agreement. If not, please provide the particulars of the as appropriate.

5. When did you perform the work out of which the claim arises or may arise?

6. Please provide the name of the person within the company who had actually carried out the work or against whom the claim or potential claim is directed.

D. Details of the claim or circumstance

7. Describe the precise nature of the 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 become 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. When was the activity from which the claim arises or may arise performed?

E. Details of the claim and circumstance surrounding it

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

12. Provide the date on which you first become aware of the claim or circumstance.

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

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

15. Please advise what is the amount (if any) was being claimed for?

F. Details of the insured's response

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

17. What are your comments 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?

18. 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