



## DIRECTORS' & OFFICERS' LIABILITY INSURANCE CLAIM FORM

### IMPORTANT NOTICE:

- Please read the Claim Form fully prior to answering the questions.
- The Claim Form is to be completed and signed by a Partner, Director or Principle of the Insured
- **ALL** questions must be answered as fully as possible. Please use additional sheets and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

**Claims Department**  
**QBE Insurance (Vietnam) Ltd**  
**Suite 1302 A The Metropolitan,**  
**235 Dong Khoi St, Dist 1, HCMC**  
**Vietnam**  
**Tel : +84 8 38245050**  
**Fax : +84 8 38245054**

**Hanoi Branch**  
**Room 701, North Star Building,**  
**No 4 Da Tuong, Hoan Kiem District, Hanoi**  
**Vietnam**  
**Tel : +84 4 39428668**  
**Fax: +84 4 39428669**

### A. DETAILS OF INSURED CORPORATION OR DIRECTORS/ OFFICERS GIVING NOTIFICATION OF A CLAIM OR POTENTIAL CLAIM

1. Full Name of Insured Corporation giving notification			
Full name of the Directors/ Officers giving notification			
Address of the Directors/ Officers giving notification			
Policy Number (if known)			
Telephone Number		Facsimile Number	

### B. THE DETAILS OF THE RELEVANT INSURED PERSON(S)

Full Name of the Insured Person(s) who is/ are the subject of the claim or potential claim
Name of the Insured Entity of which such Insured Person(s) is/are a Director/ Officer or Employee

### C. DETAILS OF CLAIMANT

1. Full name of the Claimant or potential Claimant (i.e the party making the claim upon the Insured )
2. Address of the Claimant



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<b>D. DETAILS OF THE SUBJECT ACTIVITY</b>
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From what activity on the part of the Insured does the claim or potential claim arise?
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Was the performance or undertaking of such activity evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.
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When was the activity from which the claim arises or may arise performed or undertaken?
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<b>E. DETAILS OF THE CLAIM OR CIRCUMSTANCE</b>
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What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?
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On what date did you first become aware of the claim or of such fact or circumstance?
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On what date was the claim or the intimation of a claim first made against you?
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Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)
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If verbal, please give a "first person" account of the conversation.
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What amount, if any, is claimed?
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**F. DETAILS OF INSURED'S RESPONSE**

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

**E. DECLARATION**

I ( Name in full ) : \_\_\_\_\_

Position in full : \_\_\_\_\_

Of the Insured and on behalf of the Insured declare :

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/ We understand the claim may be refused or reduced if information is withheld
3. I/We authorize QBE to disclose information contained herein to QBE's advisor, reinsurers and to other insurers. I/We authorize QBE to obtain from any other party information that is, in QBE's view relevant to this claim

Signature

Date

