

DIRECTORS & OFFICERS (D&O)

CLAIM FORM

DETAILS OF POLICYHOLDER

Company Name / Full Name (if Individual)	
Policy Number	
Contact Person	
Telephone Number	
Email	

DETAILS RELATING TO THE CIRCUMSTANCES

Circumstance	
Date of incident	
Details of Director involved	
Full Name	
Telephone	
Email	
Details of third party / possible third party	
Full Name / Company Name	
Telephone	
Email	
Detailed description of incident	
Please attach any correspondence or information pertinent to the claim being notified	

Letter of Demand	
Date on which the Letter of Demand / claim intimation was received	
Please attach a copy of the Letter of Demand if available	

Summons	
Date on which the Summons was served on the insured	

Steps taken and Current status of the matter	
Please attach a copy of the Summons with all Annexures if available	

It is noted that the information requested is not an exhaustive list and further information and documents may be requested once the claim notified has been considered.

DECLARATION & SIGNATURE

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form.

Any untrue or incorrect statements in this claim form may result in the claim being rejected. I / We hereby declare that all the information given is true and correct.

Signature	
Name	
Designation	
Date	