



DIRECTORS AND OFFICERS LIABILITY

Important Notice

Please read this claim form fully before answering the questions.

All questions must be answered as fully as possible. Please use additional sheets if necessary 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.

Appointment of legal representatives should not occur without the prior consent of Liberty Specialty Markets (Liberty).

1. DETAILS OF INSURED CORPORATION OR DIRECTORS/OFFICERS GIVING NOTIFICATION OF A CLAIM OR CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM

Full name of the insured corporation giving notification.

Full name and position of the directors/officers giving notification.

Address of the insured corporation or directors/officers giving notification.

Policy no.

Telephone

Fax

Input tax entitlements.

2. DETAILS OF THE RELEVANT INSURED PERSON(S)

Full name and position of the insured person(s) who is/are the subject of the claim or circumstance.

Name of the insured entity of which such insured person(s) is/are a director/officer or employee, if not the insured corporation.

3. DETAILS OF CLAIMANT

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the insured).

Address of the claimant.

4. DETAILS OF THE SUBJECT ACTIVITY

From what activity on the part of the Insured does the claim or circumstance arise?

Was the performance or undertaking of such activity evidenced in writing? Yes No
 If so, please attach a copy. If not, please provide relevant information.

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

5. DETAILS OF CLAIM OR CIRCUMSTANCE

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?

Have proceedings been commenced? Yes No
 If so, please attach a copy of the court documents.

On what date did you first become aware of the claim or of the fact or circumstance?

On what date was the claim or the intimation of a claim first made to you?

Was the first intimation of a claim oral or in writing? Yes No
 If in writing please attach a copy. If oral, please give a “first person” account of the conversation, (i.e. “I said”, “He said”).

What amount, if any, is claimed?

If known, what does that amount comprise?

6. 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?

Have you appointed a solicitor or other lawyer to act for you? Yes No
 If so, what is the lawyers name, firm, address and charge out rates?

7. SIGNATURE

I/We (print name in full)
 (position)

of the insured and on behalf of the insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature Date

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

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 Phone: +61 2 8298 5800

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