



DIRECTORS AND OFFICERS LIABILITY

Important Notice

Please read this Claim Form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentations 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 representation should not occur without the prior consent of Liberty Specialty Markets (Liberty).

You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from 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.

Postal address and email address of the insured corporation or directors/officers giving notification.

Corporation address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax
Director/officers address	Email
	Phone/Fax

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).

Postal address and email address of the claimant.

Email

Phone

Fax

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?

If oral, please give a “first person” account of the conversation, (i.e. “I said”, “He said”).

On what date was the claim first made to you?

What amount, if any, is claimed?

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? If so, what is their name, firm, address, charge out rates and credentials.

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 Singapore Pte Limited (UEN 201538069C) (**Liberty**) is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: One Raffles Quay, #40-01 North Tower, Singapore 048583
 Phone : +65 6622 9160

Liberty is bound by the Personal Data Protection Act 2012 when it collects and handles your personal data.

Liberty collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Hong Kong, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal data Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how Liberty collects or handles your personal data please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (libertyspecialtymarkets.com.sg) or request a copy from Liberty's Privacy Officer.

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