Directors' & Officers' Liability Claim Form





IMPORTANT

- 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 Principal of the Insured.
- 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 or to:

Claims Manager Professional Risk Division QBE Insurance (Singapore) Pte Ltd 1 Raffles Quay #29-10 South Tower Singapore 048583

A. 1.		Petails Of Insured Corporation Or Directors/Officers Giving Notification Of A Claim Or Potential Claim Full Name of the Insured Corporation giving notification			
Full Name of the Directors/Officers giving notification					
	Address of the Directors/Officers giving notification Policy Number/Certificate (if known)				
	Tel	ephone	Facsimile		
Email		ail			
В.	The	e Details Of The Relevant Insured Person(s)			
2.	a) Full Name of the Insured Person(s) who is/are the subject of the claim or potential claim				
	b)	Name of the Insured Entity of which such Insured Person(s	is) is/are a Director/Officer or Employee		
C.	De	tails Of Claimant			
3.		Full Name of the Claimant or potential Claimant (i.e. the par	ty making the claim upon the Insured)		
	b)	Address of the Claimant			

D.	Details Of The Subject Activity	
4.	a) From what activity on the part of the Insured does the claim or potential claim arise?	
	b) Was the performance or undertaking of such activity evidenced in writing?	
	If so, please attach a copy. If not, please provide appropriate particulars.	
5.	When was the activity from which the claim arises or may arise performed or undertaken?	
E. 6.	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?	
7.	7. On what date did you first become aware of the claim or of such fact or circumstance?	
8.	On what date was the claim or the intimation of a claim first made against you?	
9.	a) Was the first intimation of a claim verbal or in writing? (If in writing, please attach a copy)	
	b) If verbal, please give a "first person" account of the conversation.	
10.	What amount, if any, is claimed?	

F.	De	Details Of Insured's Response			
11.	a)	What are your comments in response to the claim or the fact	or circumstance that might give rise to a claim?		
	b)	What are your comments on the quantum of the claim and with the Claimant?	what is your estimate of your potential monetary liability, if any, to		
12.		e there additional details about which you wish to advise, or derstanding of this matter? If so, please provide details along w	which may be of interest to QBE, so that QBE will have a better ith supporting documentation.		
G.	G. Declaration				
	1,	(print name in full) (print position in full) of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that QBE may malits decision on indemnity having regard to these answers.			
	Sig	nature	Date		

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy:
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- · consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above: and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
NRIC No.	
Date	

Please send the completed claim forms and the relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd 1 Raffles Quay #29-10 South Tower Singapore 048583