

# Directors & Officers Liability

## Claim form

Zurich Insurance Company Ltd. (Singapore Branch) (the "Company" / "Zurich") does not admit liability by the issue of this form. It is issued to enable the insured to notify a claim under a directors' and officers' liability policy.

Claim number  (Zurich use only)

### Important information

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.

### 1 Policy details

Policy holder (the company who purchased the policy and in whose name the policy is held)

.....

The policy number

.....

The policy year/period

.....

Is there any other insurance that may be applicable to the notification? Yes  No

If you answered 'Yes' to the above question, please provide details

Insurer

.....

Policy holder

.....

Type of insurance

.....

Period of insurance

.....

Has this matter been notified to that insurer? Yes  No

### 2 Insured details

Please list all individuals against whom allegations have been made. You should include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position with the insured entity. If the individual is not a director of the insured entity, you will need to provide further details of the position held by the individual to confirm their insured status (you should attach a position description and/or a copy of the individual's contract of employment).

Name of individual	Insured entity	Position held with insured entity	Period during which position held	Has the insured entity indemnified the individual? (Y/N)

If the entity for which the individual worked is a subsidiary of the insured entity, please describe the corporate relationship between the entities (e.g.: Company B is a wholly owned subsidiary of Company A):

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.....

### 3 Claim details

It is important that you tell us as much as possible about the claim that has been made, including:

1. A chronology of events and/or brief summary of the background to the claim. This should include: the date allegations were first made against the insured, the nature of the allegations, the identity and insured's relationship to the third party making the allegations and any response made by the insured to the allegations;
2. If a letter of demand has been received, please attach a copy.
3. If proceedings have been commenced, please provide us with a copy of the letter of service and the originating process.
4. If you have any other court documents, please provide copies.
5. If a formal investigation has been commenced, please provide any documents received.
6. If you are aware of the value of the claim or can estimate it, please advise us of this.
7. Copies of any investigative reports, internal memorandum or correspondence that will help us understand the origin of the claim.

**Summary of claim** (Attach a separate sheet if you have insufficient space on this form)

#### List of documents attached

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

### 4 Retainer of Defense Counsel

At Zurich, we leverage off the size and strength of our global brand. We have negotiated agreed rates with top tier national firms, within the key competencies where it matters. Our D&O panel firms operate under our Litigation Management Guidelines and adhere to best practices. This ensures service standards are high and rates are market competitive. You have a choice of firm under your policy. However, if you would like to take advantage of Zurich's D&O panel, please let us know and we will provide a recommendation.

Otherwise, please provide details of the firm engaged by you

Firm	Name of primary contact at the firm	Charge rates

Once received, please provide a copy of the retainer agreement you receive from your solicitor.

## 5 Declaration

By sending this form to Zurich, I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

I / We hereby acknowledge, consent and agree that –

- i. the Company may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as the Company deem relevant from time to time for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with the Company or other insurers;
- ii. the Company may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- iii. the personal data protection clauses herein (“DPC”) are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at <http://www.zurich.com.sg/pdpa> (“Data Protection Policy”) as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Policy, the latter shall prevail;
- iv. if I / we provide third parties’ personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to the Company, I / we represent and warrant to the Company that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and

I / We shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.

Name  / /	Date
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## Contact details

To lodge your claim, you can use email, mail or fax.

Email address

[gp.teo@zurich.com](mailto:gp.teo@zurich.com) or [helppoint.singapore@zurich.com](mailto:helppoint.singapore@zurich.com)

Mail address

**The Claims**

**Manager**

50 Raffles Place  
Singapore Land Tower #29-01  
Singapore 048623

Fax number

**+65 6538 4184**

Please attention your fax to The Claims Manager

If you wish to call us to discuss a potential claim, please feel free to call us on our Direct Line

**+65 6236 2473**

You can find additional information on our website

[www.zurich.com](http://www.zurich.com)