



Directors and Officers Insurance Claim Form

Important Notice:

Please read the Claim Form fully prior to answering the questions.

The Claim Form is to be completed and signed by the Chairman, Managing Director, Director or Chief Executive Officer.

ALL questions must be answered as fully as possible using 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 Unit Manager
Professional Liability
QBE Insurance (Australia) Limited
85 Harrington Street
SYDNEY NSW 2000**

Details of Insured Corporation or Directors/officers giving Notification of a Claim or Potential Claim

Full name of the Insured Corporation giving notification

Address of the Insured Corporation giving notification

Postcode

Full name of the Directors/Officers giving Notification

Address of the Directors/Officers giving Notification

Postcode

Policy Number/Certificate (if known)

Contact person

Telephone

Fax

Details of the Relevant Insured Person(s)

Full name of the Insured Person(s) who is/are the subject of the claim or potential claim

Name of the Insured Entity of which such Insured Person(s) is/are a Director/Officer or Employee

Details of Claimant

Full name of the Claimant or potential Claimant (i.e. the party making the claim upon the Insured)

Address of the Claimant

Postcode

Details of the Subject Activity

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

Was the performance or undertaking of such activity evidenced in writing?
If so, please attach a copy. If not, please provide appropriate particulars.

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

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?

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

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

Was the first intimation of a claim verbal or in writing? (If in writing please attach a copy)

If verbal, please give a "first person" account of the conversation.

What amount, if any, is claimed?

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?

Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Addendum

Please advise the extent to which (as a percentage) the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs. This is also known as the Taxable Percentage of the Business.

% (Between 0% and 100%)

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or is withheld.
2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature

X

Date

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This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.