



IFFCO-TOKIO General Insurance Co. Ltd.
 2nd Floor, IFFCO Tower,
 Plot No.3, Sector - 29, Gurgaon,
 Haryana – 122001

Directors' & Officers' Liability 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 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.

Details of insured Company or Directors/Officers giving notification of a claim or potential claim

Insured Name	
Name of Directors/Officers giving notification and address	<hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>
Policy Number	Contact Number:

The Details of the relevant insured person(s)

(a) Full Name of 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/are a Director/Officer of Employee

Toll Free: 1-800-103-5499; SMS "claim" to 56161
 GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
 Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

Details of Claimant

(a) Full Name of the Claimant or Potential Claimant (i.e. the party making the claim upon the Insured)

(b) Address and contact number of the claimant

Details of the subject activity

(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.

(c) When was the activity, from which the claim arises or may arise, performed or undertaken (duration)?

Details of Claim or Circumstance

1. What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstances that might give rise to a claim?

2. On what date did you first become aware of the claim or of such fact or circumstances?

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

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4. (a) was the first intimation of the claim verbal or in writing (if in writing please attach copy)

(b) if verbal, please give a "first person" account of the conversation

5. Amount claimed, if any?

Details of Insured's Response

(a) What are your comments in response to the claim or the fact or circumstances that might give rise to a claim?

(b) What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimants?

(c) Are there additional details about which you wish to advise, or which may be of interest to IFFCO-TOKIO, so that IFFCO-TOKIO will have a better understanding of this matter? If so, please provide details alongwith supporting documentation.

Enclosures:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

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Declaration:

I/We, _____ the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Insured's Signature _____

Date _____

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