

**DIRECTORS AND OFFICERS LIABILITY POLICY (RETAIL)
CLAIM FORM**

The issue of this form is not to be taken as an admission of liability.

As soon a Loss /a potential loss causing circumstances to have become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatching this form and detailed particulars may be sent later. This Claim Form is to be completed and signed by a Director, Partner or Principal Officer of the Insured.

Appointment of legal representatives should not occur without prior consent of Universal Sampo General Insurance Co. Ltd.

POLICY NUMBER: _____

A Policy Details

1. Policy holder (the company who purchased the policy and in whose name the policy is held) :
 2. Registered address of Insured Organisation :
State :
 3. Telephone Number :
 4. The policy year/period :
 5. Is there any other insurance that may be applicable to the notification?
(If you answered 'Yes' to the above question, please provide details below)
- Pin Code:

B Insured Details

1. Please list all individuals against whom allegations have been made.
2. 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.
3. 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 (such as “Company B is a wholly owned subsidiary of Company A”, etc.):

C. Claims 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 (provide details below):

Documents Attached with this form:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

D. Declaration & Authorization:

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Date:

Place:

Signature of the Authorized Official(s)

Seal of the Company