



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**Director and Key Personnel Liability Insurance**

**UIN: IRDAN106RP0001V01202425**

**CLAIMS 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 policyholder ie; Director or Officer.
- 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 Directors/Officers giving notification of a claim or potential claim**

Insured Name	
Name,Address and Contact Number of Directors/Officers giving notification	
Policy 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:

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(b) Name of the Organisation/Entity of which such Insured Person (s) is/are a Director/Officer which is the subject matter of the claim notification.

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(c) Is the Organisation/Entity/Subsidiary/Outside Entity/ or any other body obtained a Director's & Officer's Liability insurance policy/ Or any other liability policy which provides coverage for you which can be triggered for the subject claim notification? Please confirm and provide the applicable policy details with underlying limits.

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(d) Apart from the Director's & Officer's Liability insurance policy obtained by Organisation/Entity/Subsidiary/Outside Entity/ or any other body (if applicable), Do you as individual Director or Officer obtained any other D&O Liability insurance policy for you which can be triggered for the subject claim notification? Please confirm and provide applicable the policy details with underlying limits.

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**The Details of Claimant**

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

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(b) Address and contact number of the claimant

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**Details of the subject activity**

(a) From what activity on the part of the insured does the claim or potential claim arise?

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

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

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**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?

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

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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)

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

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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?

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\_\_\_\_\_  
\_\_\_\_\_

(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?

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\_\_\_\_\_  
\_\_\_\_\_

(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.

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**Enclosures:**

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

**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 \_\_\_\_\_