



THE ORIENTAL INSURANCE CO LTD

CLAIM FORM FOR DIRECTORS' & OFFICERS' LIABILITY POLICY

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

Important Notice:

- Please read this claim form fully before answering the questions.
- All questions must be answered as fully as possible. Please use 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.
- Appointment of legal representatives should not occur without the prior consent of Insurers.

Please complete and return this form at the earliest.

Details of Insured Corporation or Directors/Officers Giving Notification of a Claim or Circumstances That May Give Rise to a Claim:

Full name of the insured Company giving notification:

Full name & position of the Directors/Officers giving notification:

Address of the insured Company or Directors/Officers giving notification.

Policy No. _____

Contact No. _____

Details of The Relevant Insured Person(s):

Full name and position of the insured person(s) who is/are the subject of the claim or circumstance.

Name of the insured entity of which such insured person(s) is/are a director/officer or employee, if not the insured corporation.

Details Of Claimant

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the insured).

Address of the claimant:

Details Of The Subject Activity

From what activity on the part of the insured does the claim or circumstance arise?

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

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?

Have proceedings been commenced? If so, please attach a copy of the court documents.

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

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

Was the first intimation of a claim oral or in writing? If in writing please attach a copy. If oral, please give a "first person" account of the conversation, (i.e. "I said", "He said").

Amount of Claim:

The Debtor(s) was/were and still is/are indebted to the Claimant as follows:

Name(s) of Director(s) and/or Officers/Company	Amount of Claims Lodged	Bifurcation of the Amount of Lodged Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When the claim was first notified to Oriental Insurance?

Documentation:

Provide all particulars of the D&O Claim and supporting documentation, including any Claim assignment/transfer agreement or similar documentation, if applicable, and including amount and description of transaction(s) or agreement(s), and the legal basis for the D&O Claim against the specific Directors or Officers at issue. (Please attach separate sheets if needed)

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?

Details of Other Insurances:

Give details of other insurances, if any that may cover the current loss.

Details of Previous Losses :

Give details of all previous claims under the policy

Please give all other information relevant to this claim (Use additional sheets if space provided is insufficient.)

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date :

UIN - IRDAN556P0093V01200506
D&O Claim form

Place :

Signature of the Insured Person(with Stamp)