

CLAIM FORM - DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY



General Insurance Company Ltd.

Toll Free No. 1800 266 3202

3. What amount is being claimed? Please provide breakup, if available?

4. What are your comments in response to the claim and your opinion on the quantum of claim?

5. Are there any other details that you might wish to share with USGIC or which could be of interest so that we might have a better understanding of the circumstances leading to the claim? Please provide documents, if any.

6. As of now, have you engaged any legal representative to act for you? If so, please provide name, firm, address and charge out rates:

E. DECLARATION AND AUTHORIZATION

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

I/We understand that the claim may be refused if information is not true or is withheld.

I/We authorize Magma HDI General Insurance Co. Ltd. to give to and obtain from other insurers, government bureaus or any other agency any information that they may deem fit to make a decision on indemnity during the course of this contract.

Full Name of Person Signing:

Designation of the Person Signing:

Place:

Date

Signature of the Insured