



CLAIM FORM: FINANCIAL LINES

NOTIFICATION OF CLAIM OR CIRCUMSTANCES OUT OF WHICH A CLAIM MAY ARISE

IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be 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 attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.
- Please do not admit any wrong doing to any third parties or relay the details of your insurance policy with DUAL Asia.

SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured: _____

Address of the Insured: _____

Postcode: _____

Contact person and position: _____

Tel. No.: _____ Fax No.: _____ Email: _____

SECTION 2: POLICY DETAILS

Policy No.: _____ Policy Period: _____

1. Are there any other insurance policies that may be applicable to this notification? Yes [] No []

If YES, please provide the following details:

Policy Holder: _____

Insurer: _____

Type of Insurance: _____ Period of Insurance: _____

2. Has the matter been notified to that insurer? Yes [] No []

SECTION 3: GENERAL INFORMATION

1. Full name of the Claimant(s) or potential Claimant(s) (i.e. the party/ parties making the claim or potential claim against you or the firm/company)

SECTION 4: DETAILS OF THE CLAIM OR CIRCUMSTANCES

1. 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? Please elaborate on the following:

On what date did you first become aware of the claim or the fact or circumstances which may give rise to a claim?

What is the amount claimed against (if known)?

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

In your opinion how could this matter be best resolved?

2. Was the claim or the intimation of a claim made verbally: Yes [] No []

If YES, please provide details:

3. In writing? Yes [] No []

Have you received a written demand?

Yes [] No []

If YES, please attach a copy of this together with any correspondence relating to the written demand.

4. Have proceedings been issued against you? Yes [] No []

If YES, please attach a copy of the court documents together with any correspondence relating to the proceedings.

SECTION 5: DETAILS OF THE INSURED'S RESPONSE

1. Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? Yes [] No []

If YES, please provide details:

2. Have you obtained legal representation to act on your behalf? Yes [] No []

If YES, please provide details of their name, firm, address and charge out rates:

If NO, please note that you should not obtain legal representation without DUAL's prior consent (please see policy terms and conditions).

SECTION 6: DECLARATION

I, FULL NAME: _____

POSITION: _____

Of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that DUAL Asia may make its decision on indemnity having regard to these answers.

Your Signature: _____ Date: ____ / ____ / ____

Please Print Your Name: _____