

# Claim Form

## Directors & Officers

### Policy

Policy number

Name of insured (as per policy schedule)

### Contact person at insured

Name of contact person at insured

E-mail address

Cell/Tel number

### Incident Date & Place

Date and Time of incident

Place where incident occurred

Physical Address

### Description of Incident

Detailed description of incident

What circumstance or condition caused the incident

On what date did he insured become aware of the incident

Please provide full name and position of the insured person(s) who is/are the subject of the claim or circumstance

Please provide Certificate of directorship / office of the insured person(s) who is/are the subject of the claim or circumstance.

[Add attachment](#)

Please provide the address of the insured corporation or directors/officers giving notification

From what activity does the claim or circumstance arise

When was the activity from which the claim arises undertaken and / or performed

What is the precise nature of the claim (i.e. the claimant's allegations) or circumstance that gave rise to the claim?

On what date did the insured first become aware of the claim or circumstance

Was the first intimation of a claim oral or in writing?  
If in writing please attach a copy.

Oral

Writing

[Add attachment](#)

**Claimant / s**

Full name of the claimant or potential claimant

**Claim against the insured / Reason for reporting the incident**

Is this incident reported for notification purposes only? Yes No

Has the insured received a verbal or written demand for monetary compensation  
*If yes, attach to Claim Form* Yes No

[Add attachment](#)

On what date did the insured receive the demand

Has the insured been served with a Summons  
*If yes, attach to Claim Form* Yes No

[Add attachment](#)

On which date was the Summons served on the insured

Has the insured appointed an Attorney to act on their behalf?  
*If yes, please provide name of company and contact details* Yes No

What is the amount claimed

## Insured's investigation

Has the insured conducted their own investigation into the incident

Yes

No

[Add attachment](#)

What is the insured's views/comments on Liability (Are they of the opinion that the may be liable for the loss suffered). If yes, please provide reasons

Yes

No

What is the insured's view/comments on the amount claimed

Are there any additional details which you wish to notify Chubb of

I / We declare that to the best of my/our knowledge the above statement is true

We declare the foregoing particulars to be true and complete and correct in every respect

Insured Name

Capacity

Signature

## Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: [www.chubb.com/za-en/privacy-policy](http://www.chubb.com/za-en/privacy-policy)

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.RSA@chubb.com](mailto:dataprotectionoffice.RSA@chubb.com)

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult. If you need assistance please contact [ecomunications@chubb.com](mailto:ecomunications@chubb.com)

# Chubb. Insured.<sup>SM</sup>

Chubb Insurance South Africa Limited (Reg. No. 1973/008933/06), a licensed Non-Life Insurer and an authorised Financial Services Provider (FSP:27176).  
Ground Floor, The Bridle, Hunts End Office Park, 38 Wierda Road West, Wierda Valley, Sandton, 2196