

# BEAZLEY LIMITED

Suite 1703, 17th Floor, Central Plaza, 18 Harbour Road, Wanchai, Hong Kong  
Telephone: (852) 2522 5033 Facsimile: (852) 2810 0699

## CLAIM FORM

Claim Ref.:

### IMPORTANT NOTICE:

- **Please read the Claim Form fully prior to answering the questions.**
- The Claim Form is to be completed and signed by a Partner, Director or Principal of the Assured.
- **ALL questions must be answered in as much detail as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.**
- If you have any questions about how to complete the Claim Form, please contact your insurance adviser or broker.
- Please return the original of the completed Claim Form as soon as possible to Beazley's Claims Administrator:  
Simmons & Simmons, 35<sup>th</sup> Floor, Cheung Kong Center, 2 Queen's Road Central, Hong Kong  
Tel: +852 2583 8307 Fax: +852 2810 5040

A copy of the completed Claim Form is to be faxed to the Claims Administrator at the above

### A. DETAILS OF THE ASSURED

|                                   |      |                  |    |
|-----------------------------------|------|------------------|----|
| 1. Full Name of the Assured       |      |                  |    |
| 2. Address of the Assured         |      |                  |    |
| 3. Contact Person for the Assured |      |                  |    |
| 4. Telephone Number               |      | Facsimile Number |    |
| 5. Type of Policy Held            |      |                  |    |
| 6. Policy Number (if known)       |      |                  |    |
| 7. Period of insurance            | From |                  | To |

**B. DETAILS OF THE CLAIMANT(S)**

8. Full Name of the Claimant(s) or potential Claimant(s) – the person(s) who has/have made a complaint or allegations, or you have reason to believe may do so, against the Assured.

9. Address of the Claimant(s) or potential Claimant(s).

**C. DETAILS OF THE ASSURED’S ROLE**

10. Please explain the nature of the Assured’s professional relationship with the Claimant(s) or potential Claimant(s).

11. Was the relationship evidenced in writing? If so, please attach a copy of all relevant documents. If not, please provide a summary of how the Assured’s involvement with the Claimant(s) or potential Claimant(s) began.

12. Please provide the name(s) of the person(s) within the Assured against whom the complaint or allegations are principally directed. How did this person/these people come to be involved in the facts giving rise to the claim which has been made?

#### **D. DETAILS OF THE COMPLAINT OR ALLEGATIONS**

13. What complaints or allegations has/have the Claimant(s) or potential Claimant(s) made against the Assured? If no complaint or allegations have been made, please explain why the Assured thinks a claim may arise in the future (attach any relevant correspondence or documents).

14. Were the complaints or allegations made verbally or in writing? If made in writing, please attach any relevant correspondence or documents. If made verbally, please give an account of the conversation.

15. What amount, if any, is claimed? Please explain, where possible, how this amount has been calculated.

16. On what date did the Assured **first** become aware of the complaint or allegations, or have reason to believe that a claim may arise in the future?

**E. THE ASSURED'S RESPONSE TO THE COMPLAINT OR ALLEGATIONS**

17. What is the Assured's opinion of the validity of the complaint or allegations?

18. What are the Assured's comments on the value of the claim or the potential claim, and what is the Assured's estimate of its maximum potential monetary liability to the Claimant(s) or potential Claimant(s), if any?

19. If there are any other parties who may bear some responsibility for the incident, please identify them and explain why they may be liable.

20. What action/steps to date (if any) has the Assured taken in response to the complaint or allegations which have been made? Please attach relevant correspondence or documents evidencing these steps.

**F. DECLARATION**

I, .....  
(print name in full)

.....  
(print position in full)

of the Assured and on behalf of the Assured and with the Assured's full authority, declare the above answers to be true and correct and acknowledge that Beazley Limited makes its decisions on indemnity and coverage having regard to these answers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date