

## D&O Claim Notification Form 董监事责任险索赔通知书

**Important:** The insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company via email, address: chn.claims@chubb.com **The acceptance of this form is not in itself an admission of liability on the part of the Company.**

**重要提示:** 请索赔人尽可能全面而准确地填写此表格, 并返还给保险公司 (报案邮件地址: chn.claims@chubb.com)。**接受本 索赔通知书并不表示本公司已承认赔偿责任。**

### Policy Information 保单信息

Policyholder Name: 被保公司名称		Policy No: 保险单号码	
Insured: 被保险人		Policy Period: 保单期间	
Any Prior Policy with Other Insurer? 过往保单记录		First Inception Date: 第一张保单起始日	
Contact Person: 联系人	Tele No.: 电话	Fax No.: 传真	Email: 电邮地址

Are there any other insurance in force which would cover this claim in whole or in part? 有无其他有效保险保障此次索赔?

Yes(是)  No(否) If answer is YES, state: 如选‘是’, 请告知:

Name of Insurer 投保公司名称	Policy Details: 投保险种明细
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### Claim Information 索赔信息

Claimant: 索赔人	Against: 被求偿对象	The Insureds' Position: 被求偿对象在公司职位
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When was policyholder/Insured aware of circumstance giving rise to the claim?

被保公司/被保险人何时知悉会引起此索赔的状况

Claim First Made to Insured: 第一次索赔提出日期	Claim Amount or Claim Involved (currency): 索赔金额或涉案金额
Event Date: 事件发生日	Date of Report to Insurer: 报告保险公司日期

Coverage  D&O Liability  Company Reimbursement  Security Claims  EPL  Others  
承保范围 董监事责任 公司补偿责任 有价证券赔偿 雇佣行为赔偿 其他

Request Indemnity for  Defense Cost  Settlement  Legal Cost Incurred at Investigation  Others  
申请给付项目 抗辩费用 赔偿 调查的法律费用 其他

### Background and Status 事件描述及状态

Circumstance surrounding the claim/notification 陈述事件的起因和经过:

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Is the case in Litigation?  Yes  No

是否涉及诉讼? 是 否 If answer is YES, state: 如选‘是’, 请告知:

Complaint Received on: 诉状收到日	Venue: 审理法院	Claim Amount: 请求金额	Defendant: 被告
Plaintiff's Law Firm: 原告律师事务所	Counsel Retained: 委任抗辩律师	Counsel Fee Scale: 抗辩律师收费标准	Budget of Defense: 抗辩费用预估

## Background and Status (Continued) 事件描述及状态 (续)

Please Provide the Following Documents/Information 请提供下列文件和信息, 如果有请打勾:

- |  |                                    |                                   |  |  |
|--|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Writ of Summons | <input type="checkbox"/> Complaint | <input type="checkbox"/> Pleading | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Correspondences with Claimant |
| 传票                                       | 起诉状                                | 答辩状                               | 律师委托书                                      | 与索赔人往来信件及邮件  |

Cause of Action or Alleged Wrongful Act 诉由或被指控的错误行为?

Your Views on this Claim, i.e. Fictitious or Without Merit 贵公司就求偿的初步看法, 如案情虚构或无法律依据?

## Anti-Fraud Warning & The Declaration 反保险欺诈提示及被保险人声明

**Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities**  
诚信是保险合同基本原则, 涉嫌保险欺诈将承担以下责任:

**【Criminal】** Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud.

**【刑事责任】** 进行保险诈骗犯罪活动, 可能会受到拘役、有期徒刑, 并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件, 为他人诈骗提供条件的, 以保险诈骗罪的共犯论处。

**【Administrative】** Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties.

**【行政责任】** 进行保险诈骗活动, 尚不构成犯罪的, 可能会受到 15 日以下拘留、5000 元以下罚款的行政处罚; 保险事故的鉴定人、证明人故意提供虚假的证明文件, 为他人诈骗提供条件的, 也会受到相应的行政处罚。

**【Civil】** If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation.

**【民事责任】** 故意或因重大过失未履行如实告知义务, 保险公司不承担赔偿或给付保险金的责任。

I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/we have complied with the conditions and warranties of the Policy. I/We declare that all the aforesaid statements are true with no false and omission, and I/we have not concealed any information relating to this claim.

我/我们声明我/我们已经阅读并知晓《反保险欺诈提示》, 并遵守和履行了保单所规定的要求和义务。我/我们所填写的内容全部属实, 没有隐瞒任何与此次损失有关的讯息。

I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.

我/我们明白安达保险有限公司并不因提供或接受此索赔申请表而承认其赔偿责任, 且不因此而放弃保险合同项下应有的权利。

Signature of Insured & Company's Stamp

Date:

被保险人签字并盖公章

日期

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