

**TO : MITSUI SUMITOMO INSURANCE CO. LTD., KOREA BRANCH**  
18F, Mirae Asset CENTER1 West Tower, 26, Euljiro 5-gil, Jung-gu, Seoul, Korea

**SUBROGATION FORM**

**Policy No. :**

I/We acknowledge receipt of the sum of \_\_\_\_\_ which I/We accept in full  
satisfaction of our claim in connection with the undermentioned goods (the goods)

**L/C No. :**

**B/L No. :**

**Subject-Matter insured :**

**Nature of Loss :**

**Assured :**

**Claimant :**

**Claim Amount :**

I/We acknowledge that by virtue of such payment you are subrogated to all my/our rights and remedies in respect of the goods as provided by the law governing the Contract of Insurance and in the case of total loss you are entitled at your option to take over the rights/remedies and my/our delivery to you of the documents of title relating to the goods shall not be construed as an exercise of such option.

I/We also record that you have authority to use my/our name to the extent necessary effectively to exercise all or any of such rights and remedies; that I/We will furnish you with any assistance you may reasonably require of me/us when exercising such rights and remedies on the understanding that you will indemnify me/us against any liability for costs charges and expenses arising in connection with any proceedings which you may take in my/our name in the exercise of such rights and remedies.

Yours faithfully,

---

**Name :**

**Title :**