

FIDELITY GUARANTEE INSURANCE CLAIM FORM

The issue of this form does not constitute admission of liability. Please return the form duly completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No

Claim No. _____

Date of registration _____

Regional/Branch Office Code _____

Broker/Agent Name _____ Code _____

1. Name of the Insured

2. Customer ID _____

3. Address of the Insured

Phone No.

E-mail Id _____

4. a) Name of the defaulting employee in full

b) His/her present address

5. Amount of loss sustained Rs. _____

6. Date of discovery of the defalcation _____

7. Date (s) of defalcation (s) _____

8. How exactly was the defalcation committed? _____

If space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing all entries in your books of accounts relative to the defalcation in the order of their dates.

9. Please reply fully to the following questions regarding the duties of the employee at the time of defalcation :-

a) In what capacity was he engaged and where? _____

Money

b) In what way did money reach his hands? _____

c) What was the largest sum which he had in his hands at any one time and for how long? _____

d) Was he allowed to pay out any amounts on your behalf? _____

e) Who authorized these payment or issue? _____

f) Was he required to give printed receipts from a book with counterfoils? _____

If so, how often were the counterfoils examined and checked and by whom?

g) Did the defaulting employee pay money into the Bank? _____

If so, how often were Bank Books examined and checked and by whom? _____

- h) What balance, if any was allowed to be kept in his hand? _____
- i) How often is Cash Accounts balances and how was their accuracy checked? _____
Please explain fully _____
- j) How often were accounts sent direct to Customers independently of the employee? _____

Stock

- k) Did the employee have charge of stock? _____
If so, in what way did stock reach his hands? _____
 - l) Was he allowed to issue stores or materials independently? _____
If not, who authorised these issues? _____
 - m) How often was the position of stock handled by the employee checked? _____
 - n) When was the last check made? _____
10. How often were the Account Books/Stock Books at the place of the defaulting employee's employment audited and by whom? _____
When was the last audit done? _____
11. Have you any money, estate, or effects of the employee in your possession? _____
If so, give particulars with amounts. _____
12. Do you hold any other security from the employee? _____
If so, state its nature and amount. _____
13. Is the defaulting employee a member of a joint family, or does he hold any property furniture or other effects? _____
If so, give details. _____
14. Does the employee have any near relatives? _____
If so, give their names and addresses, if known. _____
15. Have you taken any action against the employee? _____
If so, state the nature of action taken. _____
16. Has the loss been reported to the Police? _____
If so, state at which Police Station and what action, if any has been taken by them. _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or, in any further declaration the Company may require in respect of the said occurrence shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my/our right to compensation forfeited.

Signature of Insured.

Place: _____

Date: _____

Witness

Signature _____

Name _____

Address _____

Date: _____