

Claim Form - Fidelity Guarantee Insurance

A. Insured's Details

1. Name _____
2. Address _____
_____ Pin Code _____
Tel No. Office _____ Fax No. _____
3. Contact Person's Name _____
Mobile No. _____ e-mail _____

B. Policy Details

1. Policy No. _____
2. Period of Insurance _____ to _____

C. Loss Details

1. Amount of loss sustained Rs. _____
2. Date of discovery of defalcation _____
3. Dates of defalcation _____
4. Name, designation and address of defaulting employee _____

5. Describe how the defalcation was committed. _____

6. Has the matter been reported to Police? Yes No.
If yes, please attach copy of FIR. If not, please lodge FIR at the earliest.
7. How many other employees fall in the same category as the defaulting employee? _____

D. Details of defaulting employee

1. In what capacity the defaulting employee was engaged and where? _____

2. How did the money reach his hands? _____

3. State the largest sum held by him at any one time and also mention for how long. _____

4. Was she/he allowed to pay out any amounts in insured's behalf? Yes No
5. Who authorized these payments, state name and designation? _____

6. Was the defaulting employee required to give printed receipts from a book with counterfoils?
 Yes No. If yes, how often were the counterfoils checked and by whom? _____

7. Was any money paid into the Bank by defaulting employee? Yes No
If yes, how often were the Bank-books examined/reconciled and by whom? _____

8. What balance, if any, was allowed to be kept in defaulting employee's hands? _____

9. How often his Cash accounts were balanced and how was their accuracy checked? _____

10. How often were accounts sent directly to customers independently of the employee? _____

E. Claim involving Stocks

1. Did the employee have charge of stocks? Yes No. If yes, in what way did the stocks reach his hands? _____

2. Was he allowed to issue stores/materials independently? Yes No. If not, who authorized these issues, state name and designation? _____

3. How often was the position of stocks handled by the defaulting employee checked and by whom? _____

4. When was the last check made? _____

F. General

1. How often the Accounts Books/Stock Books at the place of defaulting employee's employment were audited and by whom? _____
2. Date of last audit _____
3. Was there a previous irregularity as regards defaulter's work area? Yes No
If yes, state the details. _____

4. Has the insured any money (salary, remuneration, commission etc), estate or effects of the defaulting employee in his possession? Yes No. If yes, give details with amount. _____

5. Does the insured hold any other security/guarantee from the defaulting employee? Yes No
If yes, give details and amount. _____

6. Is the defaulting employee member of a joint family or does he hold any property, furniture or other effects? Yes No. If yes, give details. _____

7. Give names and addresses of employee's near relatives. _____

8. What action has been taken against the defaulting employee? _____

G. Declaration

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured:

Date:

Company's stamp: