

FIDELITY GUARANTEE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

LMG

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED/S

Name: _____

Address: _____

Pin code:

Telephone No.: _____

E-mail Address: _____

B. LOSS DETAILS

Time and date of discovery of defalcation : _____ (Hrs.)

How the defalcation having taken place came to your notice _____

Who discovered the defalcation _____

The date(s) of defalcation committed _____

Please state how the defalcation was committed _____

The name of the employee(s) who committed defalcation _____

The amount of defalcation committed _____

C. LOSS INTIMATION

Have you lodged FIR against the defaulting employees(s) Yes No

If yes please attach a copy of the same

If no please do the same immediately

D. DETAILS OF THE DEFALCATOR

The Name of the Defalcator _____

His Father's Name _____

His Date of Birth

His Present Address _____

His Permanent Address _____

The Capacity in which he was employed _____

What job he was handling when he defalcated _____

Do you have any collateral security taken for him? Yes No

If yes please intimate the amount of such security _____

E. PREVIOUS LOSS HISTORY, IF ANY

Was there any such act committed by the same employee earlier Yes No

If yes what action you had taken against him _____

Was such cases committed by other employees in your organization Yes No

If yes please give details and action taken by you _____

F. DETAILS OF OTHER INSURANCES COVERING THE SAME EMPLOYEE

DECLARATION

We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Place : _____

Date : _____

Signature of Insured



BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

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