

FIDELITY GUARANTEE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Claim No _____ Policy No _____ D.O/UNIT _____

- 1) a) Name of employer in full _____
 b) Business _____
 c) Address _____
- 2) a) Name of the defaulting employee in full station _____
 b) His present address _____
- 3) Amount of loss sustained _____
- 4) Date of defalcation _____
- 5) Date of discovery of the defalcation _____
- 6) How exactly was the defalcation committed? _____
(if the 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 declaration in their order of dates).
- 7) 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? _____
 - b) In what way did moneys 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 payments? _____
 - 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) Where moneys paid into the bank by the defaulting employee? If so, how often were the bank books examined and checked, and whom? _____
 - h) What balance, if any was allowed to be kept in his hand? _____
 - i) How often were his cash accounts balanced and how was their accuracy checked? _____

Please explain fully _____

 - j) How often were accounts sent direct to customers independently of the employee? _____
 - k) Did the employee have charge of stock? If so, how often was it checked? _____
- 8) How often were the account books at the place of the defaulting employees employment audited and by whom? _____
- 9) Have you any moneys, estate, or effect of the employee in your possession? If so, give particulars with amounts _____
- 10) Do you hold any other security from the employee? If so, state its nature an amount. _____
- 11) Is the defaulter a member of a joint family, or does he hold any property furniture or other effects? If so, give details _____
- 12) Has the employee any near relatives? If so, give their names and address if known _____
- 13) Have you taken any action against the employee? If so, state of what nature _____
- 14) 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 or the foregoing statements in every respect and I/We agree that 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 or concealment my/ our claim shall be absolutely forfeited, and the policy shall henceforth be null and void.

Signature of Witness: _____ Insured's Signature: _____

Name _____

Address _____

Date _____

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.