

CLAIM FORM FOR FIDELITY GUARANTEE INSURANCE POLICY

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Cover Note / Policy : No
	Period of Insurance :
	Date of Accident :
	Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
	i)	Name
	ii)	Address for correspondence
	iii)	Contact Number
2.	i)	Defaulting Employee Name
	ii)	Address of Defaulting Employee
4.	Amount of loss sustained (In Rs)	
5	Date of Defalcation	
6	Date of discovery of defalcation	
7	How exactly was the defalcation committed? (If this space is not sufficient, please give full & 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).	

Claim Form – Fidelity Guarantee Insurance Policy

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0030V01201213

8	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 by 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?
9	How often were the Account Books at the place of the defaulting employees employment audited and by whom?	
10	Have you any moneys, estate, or effect of the employee in your possession? If so, give particulars with amounts.	
11	Do you hold any other security from the Employee? If so, state its nature and amount.	
12	Is the defaulter a member of a joint family, or does he hold any property furniture or other effects? If so, give details.	

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13	Has the employee any near relatives? If so, give their names and address if known.	
14	Have you taken any action against the employee? If so, state of what nature.	
15	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.	

Declaration by Insured:

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place:

Date:

Signature of the Insured