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Fidelity Guarantee Claim Form

Important Notice

Issuing this form is **not an admission of liability** by the insurers.

All questions must be answered.

Policy Details

- **Policy Number:** _____
- **Policy Period:** From _____ **To** _____

Insured Information

1. **Name of Insured (Full):** _____
   Address: _____
   Occupation: _____

Fraudulent Employee Information

2. i) **Full Name:** _____
   ii) Last Known Address: _____
   iii) **Date of First Employment:** _____
   iv) References Obtained at Employment (From Whom?): _____

Employment Details

3a. **Occupation & Duties of Employee:** _____
3b. Duration & Method of Concealment of Default:
_____

Discovery of Fraud

4. **What led to its discovery?** _____

Fraud Amount

5a. **Amount of Fraud (Presently Ascertained):**
_____
5b. Does Employee Agree to Amount? Yes / No
5c. **Efforts Made to Reconcile Differences:**
_____

Police & Legal Action

6i. **Reported to Police (Station & Date):** _____
Time: __ am/pm
(Attach police abstract report)
6ii. **Court Action Taken / Prosecution Details:** _____
Judgement Date & Nature: _____
Other Recovery Efforts: _____

Indemnity or Security

7. **Other Indemnity/Security in Respect of Defaulter:**
   _____

Defaulter's Assets

8. **Property:** _____
   Salary: _____
   Allowance: _____
   Retirement Benefits: _____
   Others: _____

Settlement Proposal

9a. **Has a Proposal for Settlement Been Put Forward?** Yes / No
9b. **If Not, Why?** _____

Declaration

I/We declare the foregoing particulars to be true and complete.

Data Collection Consent:
I consent to the collection, verification, processing, storage, and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services.

Date: _____

Signature & Stamp of Insured:_____

Required Attachments

- Detailed statement of how the loss occurred
- Police report

- Details of prosecution of fraudulent employee(s)
- Detailed breakdown of loss amount
- Transaction documents supporting embezzled amount
- Steps taken to recover monies from employee(s)
- Audit report relating to loss
- Steps taken to avoid similar loss
- Employment contract of defaulting employee
- Dismissal letter of defaulting employee