(A joint venture between of State Bank of India and Insurance Australia Group)

Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

FIDELITY GUARANTEE
CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILTY

Policy No.: _____ Claim No. _____

A. INSURED

Name _____

Address: _____

_____

City_____State_____Pin Code_____

Phone Number: _____ Mobile Number_____ Email ID_____

Period of Insurance From _ _ / _ _ / _ _ _ _ To _ _ / _ _ / _ _ _ _

B. DETAILS OF LOSS

Date of discovery of the defalcation _ _ /_ _ / _ _ _ _

Date(s) of defalcation _ _ /_ _ / _ _ _ _

What is the amount of loss sustained? Rs. _____

State in detail as to how the defalcation was committed _____

_____

_____

_____

(If space is not sufficient, attach a separate sheet. Also attach a certified statement containing all entries in the books of accounts related to defalcation in the order of their dates)

Name of the defaulting employee in full _____

Complete Address _____

_____

_____

City_____State_____Pin Code_____

Has a Complaint been made to the Police? ☐ Yes ☐ No

If not, lodge a complaint with the Police immediately.

If the answer is yes, what reply has been received from the Police? _____

_____

(Attach copies of Police complaint and reply received from the Police)

C. DETAILS OF THE DEFAULTING EMPLOYEE

Please reply fully to the following questions regarding the duties of the employee at the time of defalcation:	
In what capacity was he engaged & where?	_____ _____
In what way did money reach his hands?	_____ _____
What was the largest sum, which he had in his hands at any one time and for how long?	_____ _____
Was he allowed to pay out any amounts on Insured's behalf?	☐ Yes ☐ No
Who authorized these payments or issue?	_____ _____
Was he required to give printed receipts from a book with counterfoils?	☐ Yes ☐ No
If so, how often were the counterfoils examined and checked and by whom?	_____ _____
Was money paid into Bank by the defaulting employee?	☐ Yes ☐ No
If so, how often were Bank-books examined and checked and by whom?	_____ _____
What balance, if any was allowed to be kept in his hand?	_____ _____
How often were his Cash Accounts balanced and how was their accuracy checked?	_____ _____
<u>Please explain fully</u>	
How often were accounts sent direct to Customers independently of the employee?	_____ _____ _____
In case of claim involving Stock, answer questions below:	
Did the employee have charge of stock?	☐ Yes ☐ No
If so, in what way did stock reach his hand?	_____ _____
Was he allowed to issue stores or materials independently?	☐ Yes ☐ No
If not, who authorized these issues?	_____
How often was the position of stock handled by the employee checked?	_____ _____
When was the last check made?	_____
How often were the Accounts Books/ Stock Books at the place of the defaulting employee's employment audited and by whom?	_____ _____ _____
When was the last audit done?	_____
Has the Insured any money, estate, or effects of the employee in his possession?	_____ _____
If so, give particulars with amounts	
Does the Insured hold any other security from the employee?	☐ Yes ☐ No

If so, state its nature and amount	
Is the defaulting employee a member of a joint family, or does he hold any property, furniture or other effects?	☐ Yes ☐ No
If so, give details:	_____
Has the employee any near relatives?	☐ Yes ☐ No
If so, give their names and addresses, if known	_____ _____
Has the Insured taken any action against the employee?	☐ Yes ☐ No
If so, state the nature of action taken	_____
Has the loss been reported to the Police?	☐ Yes ☐ No
If so, state at which Police Station and what action, if any has been taken by them.	_____ _____
If not, do the same immediately.	

D. DETAILS OF CREDIT CARD / PETROL CARD

Card No _____ Validity of Card From ___/ _____ To ____/ _____

Name of Bank. _____

Name on Card _____

Type of Card Master/Visa/Others(pl. specify)_____

Credit limit Rs. _____

Date of Loss of Card ____/____/_____ Date of intimation of loss to provider _____/____/_____

Have you availed of any card protection plan, If yes , specify_____

E. DETAIL OF OTHER INSURANCES

Is the Accident/ Incidence covered under any other Insurance ☐ (Yes) ☐(No),
If 'Yes', specify details and attach a copy of the policy

Name of Insurer: _____

Policy Issuance office Location: _____ Sum Insured Rs. _____

Policy No _____Period of Insurance _____to_____

F. DETAILS OF PREVIOUS LOSSES

Have you incurred any claim before? ☐ Yes ☐ No, If 'Yes'

Please provide details : _____

_____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Date: Signature of the Insured

Place: