
Office Package Insurance Policy (Retail)

Section 9: Fidelity Guarantee Insurance Claim Form

Claim No. _____

Policy No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

A. The Insured

Name _____

Address _____

Tel No. _____

Office _____ Mobile _____ email _____

Contact name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance ___/___/___ to ___/___/___

C. Loss Details

Amount of loss sustained Rs. _____

Date of discovery of defalcation ___/___/___

Dates of defalcation _____

Name, designation and address of defaulting employee _____

Describe how the defalcation was committed _____

Has the matter been reported to Police Yes No

If yes, please attach copy of FIR

If not, lodge FIR at the earliest

D. Details of defaulting employee

In what capacity the defaulting employee was engaged and where _____

How did the money reach his hands _____

State the largest sum held by him at any one time and for how long _____

Was he allowed to pay out any amounts in insured's behalf Yes No

Who authorized these payments, state name and designation _____

Was the defaulting employee required to give printed receipts from a book with counterfoils Yes No

If yes, how often were the counterfoils checked and by whom _____

Was any money paid into the Bank by defaulting employee Yes No

If yes, how often were the Bank-books examined/reconciled and by whom _____

What balance, if any, was allowed to be kept in defaulting employee's hands _____

How often his the Cash accounts balanced and how was their accuracy checked _____

How often were account sent directly to customers independently of the employee _____

E. Claim involving Stocks

Did the employee have charge of stocks Yes No

If yes, in what way did the stocks reach his hands _____

Was he allowed to issue stores/materials independently Yes No

If not, who authorized these issues, state name and designation _____

How often was the position of stocks handled by the defaulting employee checked and by whom _____

When was the last check made ____/____/____

F. General

How often the Accounts Books/Stock Books at the place of defaulting employee's employment were audited and by whom _____

Date of last audit ____/____/____

Was there a previous irregularity as regards defaulter's work area Yes No

If yes, state the details _____

Has the insured any money (salary, remuneration, commission etc), estate or effects of the defaulting employee in his possession Yes No

If yes, give details with amount _____

Does the insured hold any other security from the defaulting employee Yes No

If yes, give details and amount _____

Is the defaulting employee member of a joint family or does he hold any property, furniture or other effects

If yes, give details _____

Give names and addresses of employee's near relatives _____

What action has been taken against the defaulting employee _____

G. Declaration

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date: _____

Company's stamp