

# FIDELITY GUARANTEE INSURANCE POLICY (RETAIL) Claim Form

## Claim Form

### Fidelity Guarantee Insurance Policy (Retail)

Claim 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 Magma General Insurance Limited.*

#### A. The Insured

Name : \_\_\_\_\_  
Address : \_\_\_\_\_

Tel No. Office : \_\_\_\_\_ Mobile : \_\_\_\_\_ email : \_\_\_\_\_

Contact name : \_\_\_\_\_ Mobile : \_\_\_\_\_ email : \_\_\_\_\_

#### B. Policy Details

Policy No. : \_\_\_\_\_

Period of Insurance : From \_\_\_\_/\_\_\_\_/\_\_\_\_ 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/ guarantee 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 : **Yes** ☐ **No** ☐

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 :

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