



# OFFICE PACKAGE INSURANCE POLICY (RETAIL)

## Claim Form Section 9: Fidelity Guarantee Insurance

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## 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 Magma General Insurance.*

#### 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