



# IFFCO-TOKIO General Insurance Company Limited

## FIDELITY GUARANTEE

### CLAIM FORM

|                           |  |           |  |
|---------------------------|--|-----------|--|
| Address of Issuing Office |  | Claim No. |  |
|---------------------------|--|-----------|--|

The issue of this form does not constitute admission of liability. Please return the form completed within Fourteen days of the loss together with the relevant vouchers etc.

|            |  |
|------------|--|
| Policy No. |  |
|------------|--|

|                           |  |
|---------------------------|--|
| Name of Insured (in full) |  |
|---------------------------|--|

|         |  |
|---------|--|
| Address |  |
|---------|--|

|          |  |
|----------|--|
| Business |  |
|----------|--|

|   |  |
|---|--|
| Name of the defaulting employee (in full) |  |
| His Present Address                       |  |

|                          |   |
|--------------------------|---|
| Amount of Loss sustained | ₹ |
|--------------------------|---|

|                                  |                       |                     |                       |
|----------------------------------|-----------------------|---------------------|-----------------------|
| Date of Discovery of defalcation | <u>DD / MM / YYYY</u> | Date(s) defalcation | <u>DD / MM / YYYY</u> |
|----------------------------------|-----------------------|---------------------|-----------------------|

|  |  |
|--|--|
| <p>How exactly was the defalcation committed?<br/>If space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing an entries in the Insured's books of accounts relative to the defalcation in the order of their dates)</p> |  |
|--|--|

|  |  |
|--|--|
| Please reply fully to the following questions regarding the duties of the employee at the time of defalcation: |  |
| (a)  | In what capacity was he engaged and where?   |
| (b)  | In what way did money reach his hands?   |
| (c)  | What was the largest sum which he had in his hands at any one time and for how long? |

|     |  |  |
|-----|--|--|
| (d) | Was he allowed to pay out any amounts on the Insured's behalf?   |  |
| (e) | Who authorised these payment or issue?   |  |
| (f) | Was she required to give printed receipts from a book with counterfoils?<br>If so, who often were the counterfoils examined and checked and by whom? |  |
| (g) | Were moneys paid into Bank by the defaulting employee? If so how often were Bank Books examined and checked and by whom?                             |  |
| (h) | What balance, if any was allowed to be kept in his hand?   |  |
| (i) | How often were his Cash Accounts balanced and how was their accuracy checked? Please explain fully.  |  |
| (j) | How often were accounts sent direct to Customers independently of the employee?  |  |
| (k) | Did the employee have charge of stock? If so in what way did stock reach his hands.  |  |
| (l) | Was he allowed to issue stores or materials independently? If not who authorised these issues?   |  |
| (m) | How often was the position of stock handled by the employee checked.   |  |
| (n) | When was the last check made?  |  |

|   |  |
|---|--|
| How often were the Account Books/Stocks 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's estate, or effects of the employee in his possession? If so give particulars with amounts. |  |
|--|--|

|   |  |
|---|--|
| Does the insured hod any other security from the employee? If so state its nature and amount. |  |
|---|--|

|   |  |
|---|--|
| Is the defaulting employee a member of a joint family, or does he holds any property furniture or other effects? If so, give details. |  |
|---|--|

|   |  |
|---|--|
| Has the employee and near relatives? If so, give their names and addresses, if known. |  |
|---|--|

|   |  |
|---|--|
| Has the Insured taken any action against the employee? If so, state the nature of action taken. |  |
|---|--|

|   |  |
|---|--|
| Has the loss been reported to the Police?<br>If so, state at which Police Station and what action, if any has been taken by them. |  |
|---|--|

I/We hereby declare that the foregoing particulars are true and correct in every respect.

Date: DD/MM/YYYY

Signature of Insured

Place: .....