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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 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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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Give names and addresses of employee's near relatives \_\_\_\_\_

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What action has been taken against the defaulting employee \_\_\_\_\_

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## 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