



IFFCO-TOKIO General Insurance Company Limited

FIDELITY GUARANTEE

CLAIM FORM

Address of Issuing Office		Claim No.	
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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.	
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Name of Insured (in full)	
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Address	
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Business	
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Name of the defaulting employee (in full)	
His Present Address	

Amount of Loss sustained	₹
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Date of Discovery of defalcation	<u>DD / MM / YYYY</u>	Date(s) defalcation	<u>DD / MM / YYYY</u>
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<p>How exactly was the defalcation committed? 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>	
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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? 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?	
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Has the Insured any money's estate, or effects of the employee in his possession? If so give particulars with amounts.	
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Does the insured hod any other security from the employee? If so state its nature and amount.	
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Is the defaulting employee a member of a joint family, or does he holds any property furniture or other effects? If so, give details.	
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Has the employee and near relatives? If so, give their names and addresses, if known.	
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Has the Insured taken any action against the employee? If so, state the nature of action taken.	
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Has the loss been reported to the Police? If so, state at which Police Station and what action, if any has been taken by them.	
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I/We hereby declare that the foregoing particulars are true and correct in every respect.

Date: DD/MM/YYYY

Signature of Insured

Place: