



general insurance

## FIDELITY GUARANTEE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

LMG

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance:  to

### A. DETAILS OF INSURED/S

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

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

Pin code:

Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### B. LOSS DETAILS

Time and date of discovery of defalcation : \_\_\_\_\_ (Hrs.)

How the defalcation having taken place came to your notice \_\_\_\_\_

Who discovered the defalcation \_\_\_\_\_

The date(s) of defalcation committed \_\_\_\_\_

Please state how the defalcation was committed \_\_\_\_\_

The name of the employee(s) who committed defalcation \_\_\_\_\_

The amount of defalcation committed \_\_\_\_\_

### C. LOSS INTIMATION

Have you lodged FIR against the defaulting employees(s) Yes  No

If yes please attach a copy of the same

If no please do the same immediately

### D. DETAILS OF THE DEFALCATOR

The Name of the Defalcator \_\_\_\_\_

His Father's Name \_\_\_\_\_

His Date of Birth |D|D|M|M|Y|Y|Y|Y|

His Present Address \_\_\_\_\_

His Permanent Address \_\_\_\_\_

The Capacity in which he was employed \_\_\_\_\_

What job he was handling when he defalcated \_\_\_\_\_

Do you have any collateral security taken for him?  Yes  No

If yes please intimate the amount of such security \_\_\_\_\_

### E. PREVIOUS LOSS HISTORY, IF ANY

Was there any such act committed by the same employee earlier  Yes  No

If yes what action you had taken against him \_\_\_\_\_

Was such cases committed by other employees in your organization  Yes  No

If yes please give details and action taken by you \_\_\_\_\_

### F. DETAILS OF OTHER INSURANCES COVERING THE SAME EMPLOYEE

### DECLARATION

We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

Insurance is the subject matter of the solicitation.



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#### **BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,**

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