



**FIDELITY GUARANTEE CLAIM FORM**  
**The issue of this form does not constitute admission of liability.**

As soon as Loss has become known, the Company must be notified without any delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy No.:

**A. INSURED:**

- 1. Name :
- 2. Address :
  
- 3. Telephone Number :
- 4. Period of Insurance : From: To:

**B. DETAILS OF LOSS:**

- 1. Date of discovery of the defalcation :
- 2. Date(s) of defalcation :
- 3. What is the amount of loss sustained? :
- 4. State in detail as to how the defalcation was committed :  
(If space is not sufficient, attach a separate sheet. Also attach a certified statement containing all entries in the books of accounts related to defalcation in the order of their dates)
- 5. Name of the defaulting employee in full :  
Complete Address :  
  
City : Pin Code:  
6. Has a Complaint been made to the Police? :  Yes  No  
a) If not, lodge a complaint with the Police immediately. :  
b) If the answer to 6 (a) is yes, what reply has been received from the Police? :  
(Attach copies of Police complaint and reply received from the Police )

**C. DETAILS OF THE DEFAULTING EMPLOYEE**

**Please reply fully to the following questions regarding the duties of the employee at the time of defalcation:**

- 1. In what capacity was he engaged & where? :
- 2. In what way did money reach his hands? :
- 3. What was the largest sum, which he had in his hands at any one time and for how long? :
- 4. Was he allowed to pay out any amounts on Insured's behalf? :  Yes  No
- 5. Who authorised these payments or issue? :

Corporate Office: Ahura Centre, 4th Floor, 82, Mahakali Caves Road, Andheri (E), Mumbai-400093.  
(Regd. Office: Bombay House, 24 Homi Mody Street, Mumbai 400001)

**For more information, call the Tata AIG Toll-free 24-hour Helpline at 1-600-119966**

6. Was he required to give printed receipts from a book with counterfoils? :  Yes  No  
 If so, how often were the counterfoils examined and checked and by whom? :
7. Was money paid into Bank by the defaulting employee? :  Yes  No  
 If so, how often were Bank-books examined and checked and by whom? :
8. What balance, if any was allowed to be kept in his hand? :
9. How often were his Cash Accounts balanced and how was their accuracy checked?  
 Please explain fully :
10. How often were accounts sent direct to Customers independently of the employee? :

**In case of claim involving Stock, answer questions 11 to 14:**

11. Did the employee have charge of stock? :  Yes  No  
 If so, in what way did stock reach his hand? :
12. Was he allowed to issue stores or materials independently? :  Yes  No  
 If not, who authorised these issues? :
13. How often was the position of stock handled by the employee checked? :
14. When was the last check made? :
15. How often were the Accounts Books/ Stock Books at the place of the defaulting employee's employment audited and by whom?  
 When was the last audit done? :
16. Has the Insured any money, estate, or effects of the employee in his possession?  
 If so, give particulars with amounts :
17. Does the Insured hold any other security from the employee? :  Yes  No  
 If so, state its nature and amount :
18. Is the defaulting employee a member of a joint family, or does he hold any property, furniture or other effects?  
 If so, give details: :
19. Has the employee any near relatives? :  Yes  No  
 If so, give their names and addresses, if known :
20. Has the Insured taken any action against the employee? :  Yes  No  
 If so, state the nature of action taken :
21. Has the loss been reported to the Police? :  Yes  No  
 If so, state at which Police Station and what action, if any has been taken by them.  
 If not, do the same immediately. :

**D. DETAIL OF OTHER INSURANCES**

Give details of other Insurances, :

if any, covering the present loss

**E. DETAILS OF PREVIOUS LOSSES**

Give details of Previous losses, if any, :  
under the Policy

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

Date:

Signature of the Insured

Place: