Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

FIDELITY GUARANTEE CLAIM FORM

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

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.: _____ Claim No. : _____

A. INSURED

Name _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Business/Occupation _____ Period of Insurance From _ _/_ _/_ _ _ _ To _ _/_ _/_ _ _ _

B. DETAILS OF LOSS

Date of Loss _ _ / _ _ / _ _ _ _ Time _ _ : _ _ AM / PM

LOSS LOCATION

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Amount of loss sustained Rs. _____

Specify details as to how the defalcation was commited _____

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? ☐ Yes ☐ No If "Yes", specify	Have any authority been informed about ☐ Yes ☐ No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____

Policy No. _____ Email _____

Period of Insurance From _ _/_ _/_ _ _ _ To _ _/_ _/_ _ _ _ Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details ☐ Yes ☐ No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF THE DEFAULTING EMPLOYEE

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

Name of Employee _____

Employee's Address as per records

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Date of Birth _____ Designation _____

Job responsibilities _____ Start Date of Employment __/__/____

Is Employee Terminated? ☐ Yes ☐ No
If "Yes", Date of Termination __/__/____

Is the defaulting employee a member of a joint family, or does he hold any property, furniture or other effects? If "Yes", specify _____ ☐ Yes ☐ No

Do the employee has any near relatives? If "Yes", specify _____ ☐ Yes ☐ No

Name of the Contact person _____

Relative Address line 1 _____

Relative Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Has the Insured taken any action against the employee? ☐ Yes ☐ No
If "Yes", state the nature of action taken _____

Was he allowed to pay out any amounts on Insured's behalf? ☐ Yes ☐ No
If "Yes", specify authority for Payments / Receipts _____

Was he required to give printed receipts from a book with counterfoils? ☐ Yes ☐ No

If "Yes", how often were the counterfoils examined and ☐ Daily ☐ Weekly ☐ Fortnight ☐ Monthly ☐ Quaterly ☐ Others (specify)

Specify counterfoil reconcilation by whom _____

Was money paid into bank by the defaulting employee? ☐ Yes ☐ No
If "Yes", specify bank reconcilation by whom _____

Is employee allowed to retain balance? If "Yes", maximum retenstion balance allowed Rs._____ ☐ Yes ☐ No

Does the Insured hold any other security from the employee? ☐ Yes ☐ No
If "Yes", specify its nature and amount Rs. _____

Did the employee have charge of stocks? ☐ Yes ☐ No
If "Yes", in what way did stocks reach his hand? _____

Was he allowed to issue stores or materials independently? ☐ Yes ☐ No
If "Yes", who authorized these issues? _____

How often was the position of stocks handled by the employee checked? _____ When was the last check made? __/__/____

How often were the Account Books/ Stock 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, estate, or effects of the employee in his possession? ☐ Yes ☐ No
If "Yes", give particulars with amounts _____

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

Has any insurance company ever declined the proposal? ☐ Yes ☐ No
If "Yes", specify reason _____

Has any insurance company ever cancelled & refused to renew? ☐ Yes ☐ No
If "Yes", specify reason _____

Has any insurance company ever imposed special condition or excess? ☐ Yes ☐ No
If "Yes", specify reason _____

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify _____

_____

_____

_____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place: **Signature:**

Date: **Name of Insured:**