



General Insurance



Reliance Fidelity Guarantee Insurance Policy Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No.		Claim No.	
Date of Registration			
Area Office Code/Service Centre Code			
Broker/Agent Name		Code	
1. Name of the Insured			
2. Customer ID			
3. Address of the Insured			
Plot No./Door No.		Building name	
Road			
Area			
City		Pin Code	
State			
Phone No.			
E-mail Id		PAN No.	

4. a) Name of the defaulting employee in full	
b) His/her present address	
5. Amount of loss sustained	
6. Date of discovery of the defalcation	
7. Date (s) of defalcation (s)	
8. 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 all entries in your books of accounts relative to the defalcation in the order of their dates.	

9. 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?

Money

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 your behalf? ☐ Yes ☐ No

e) Who authorized the payment or issue?

f) 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?

g) Did the defaulting employee pay moneys into Bank? ☐ Yes ☐ No

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 are 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?

Stock

k) Did the employee have charge of stock? ☐ Yes ☐ No

If so, in what way did stock reach his hands?

l) Was he allowed to issue stores or materials independently? ☐ Yes ☐ No

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?

10. 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?

11. Have you any moneys, estate, or effects of the employee in your possession? ☐ Yes ☐ No

If so, give particulars with amounts.

12. Do you hold any other security from the employee? ☐ Yes ☐ No

If so, state its nature and amount.

13. Is the defaulting employee a member of a joint family, or does he hold any property, furniture or other effects? ☐ Yes ☐ No

If so, give details.

14. Does the employee have any near relatives? ☐ Yes ☐ No

If so, give their names and addresses, if known.

15. Have you taken any action against the employee? ☐ Yes ☐ No

If so, state the nature of action taken.

16. 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.

17. Bank Details

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

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 occurrence shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my/our right to compensation forfeited.

Date:

Place:

Signature of Insured

WITNESS

Signature

Name

Address

Date