

Fidelity Guarantee Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period	
Type	
Details of Insured:	
a) Full name of insured	
b) Address of insured	
c) Details for business activity of the firm and number of years in operation	
Details of loss discovery:	
a) Day, date, and time	
b) Amount of loss	
c) Transaction particulars upon which claim is based, mentioning brief circumstances of the loss	
Details of employee involved in infidelity (attach evidence thereof):	
a) Name	
b) Nationality	
c) ID/Iqama number	
d) Passport number	
e) Nature of job	
f) Designation	
g) Joining date of service	
h) Address of the native	
Salary details per month (attach evidence thereof):	
a) Basic salary	
b) Housing allowance	
c) Conveyance allowance	

d) Food allowance	
e) Commission	
f) Other allowance	
g) Details of family benefits	
End of service benefits (attach evidence thereof):	
a) Due amount of salary	
b) Due amount of ESB	
c) Due amount of leave	
d) Due amount of air fare	
e) Due amount of commission	
f) Due amount of deposit / guarantee	
g) Other due amounts	
Additional Information:	
a) When did you inform the police authorities of the loss / infidelity of the employee? Attach copy of your complaint and police report	
b) When was the employee was last seen	
c) Attach incident report on the sequence of events, signed by immediate superior of concerned employee	
d) Was an audit report made after the discovery of loss? If so, attach a copy	
e) Company procedure with regard to accounts / finance handling with particular reference to this incident	
f) Details of handing over procedure and employees' compliance immediately before the loss was discovered	
g) Names of the colleagues with whom the employee was often seen in the office who can provide details regarding his personal stay / commitments and social circle	
h) Give details of previous instances when a similar loss had occurred involving the same employee	
i) Was any recovery achieved (through police or directly)? If any, please give details thereof	

j) Improvements in the operating procedures proposed/effectuated to avoid a similar recurrence	
k) Any other relevant details about the employee you wish to mention	
List of documents to be attached with this claim form:	
a) Copy of employee's immediate superior's detailed incident report	YES / NO
b) Copy of complaint lodged with police	YES / NO
c) Police Report (original)	YES / NO
d) Copy of company advice / complaint to employee's embassy	YES / NO
e) Copy of passport office report	YES / NO
f) Copy of employee passport	YES / NO
g) Copy of employee QID / Iqama	YES / NO
h) Copy of employee service contract	YES / NO

DECLARATION:

1. I/We the above named being insured under the above policy do hereby declare and set forth that the employee committed infidelity in the manner stated above, causing a loss of _____.
2. I/We do further declare that no other person has any interest in the said monies / goods whether as owners, mortgagee, trustee or otherwise, and that it is not otherwise insured against fraudulent acts of employees during their service with this or any other office, except as stated above.
3. I/We do further declare that to the best of my/our knowledge and belief, the information I have provided is true and correct.

Signature of the Insured: _____

Name: _____

Date: _____

Stamp: _____