

Claim Form No: _____

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 Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST MIDDLE LAST
2. Customer ID		
3. Address of the Insured		
Plot No./Flat No.	Building Name	
Road	Area	
City	State	
Pin Code	Phone Number	
Mobile Number		
Email ID		
UID Aadhar No.	PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)		
4. Do you have a GST Registration Number	☐ Yes ☐ No	
If Yes, please specify		
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others	
Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above	

SECTION 2 - DETAILS OF THE LOSS

5. a) Name of the defaulting employee in full	
b) His/her present address	
6. Amount of loss sustained	

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Fidelity Guarantee Insurance Policy. UIN No.: IRDAN103RP0017V01200102 / IRDAN103CP0018V01201920. IGI/MCOM/CO/MI-07/FGI/CF/VER.1/150426.


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7. Date of discovery of the defalcation	DD / MM / YYYY
8. Date (s) of defalcation (s)	DD / MM / YYYY
9. 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.	
10. Please give complete details 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?	

l) How often are cash accounts balanced and how was their accuracy checked? Please give complete details.

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?

11. 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?

12. Do you Have any moneys, estate, or effects of the employee in your possession?

☐ Yes ☐ No

If so, give particulars with amounts.

13. Do you hold any other security from the employee?

☐ Yes ☐ No

If so, state its nature and amount.

14. 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.



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15. Does the employee has any near relatives?

☐ Yes ☐ No

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

16. Have you taken any action against the employee?

☐ Yes ☐ No

If so, state the nature of action taken.

17. 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.

SECTION 3 - 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)

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.
 I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured

WITNESS

Signature

Name

☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T

Address

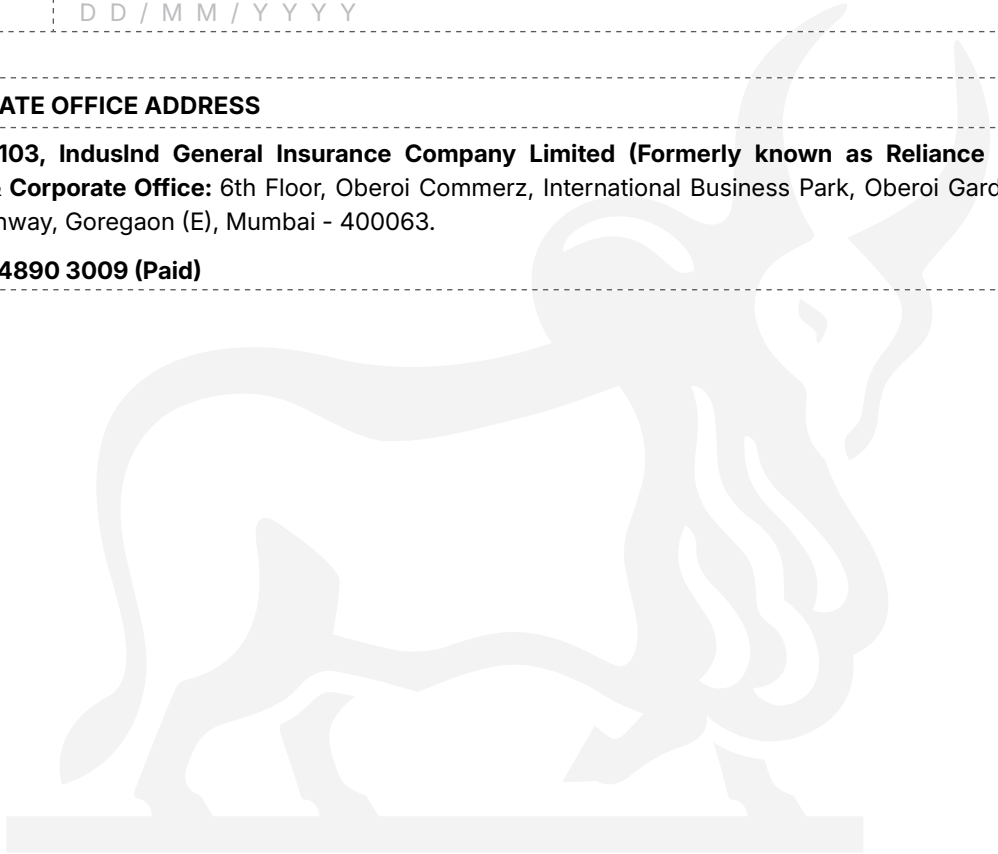
Date

D D / M M / Y Y Y Y

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

For assistance call **(022) 4890 3009 (Paid)**



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