

An ISO 9002  
Certified Company



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## IGI GENERAL INSURANCE LIMITED

### FIDELITY GUARANTEE CLAIM FORM

Claim No. \_\_\_\_\_

1. Name of the defaulting employee \_\_\_\_\_
2. Last known address \_\_\_\_\_
3. Policy number \_\_\_\_\_ Date of discovery \_\_\_\_\_
4. Insured \_\_\_\_\_
5. Estimate of the total defalcation \_\_\_\_\_
6. Nature of defalcation - forgery, embezzlement larceny or fraudulent conversion. Please give details \_\_\_\_\_  
\_\_\_\_\_
7. For how long and in what manner have these defalcation been going on? \_\_\_\_\_
8. Has the defaulter confessed his guilt? \_\_\_\_\_
9. Did the defaulter act alone? In case of collaboration and/or connivance, please name the persons involved \_\_\_\_\_  
\_\_\_\_\_
10. What documentary evidence can be produced to substantiate the defaulter's guilt ? please provide \_\_\_\_\_  
\_\_\_\_\_
11. Has this matter been reported to the police and criminal proceeding instituted against the defaulter? If so please provide authenticated copies of Police First Information & Investigation Reports \_\_\_\_\_  
\_\_\_\_\_
12. Have the defaulter's services been suspended or terminated? In either case, please attach copies of the charge-sheet and defaulter's reply thereto \_\_\_\_\_
13. Did the defaulter or any other person on his behalf lodge with you any cash or other security at the time of employment? If so, please give details \_\_\_\_\_
14. Is any money, by way of unpaid salary, bonus, commission, provident fund and alike, owing from you to the defaulting employee? If so, please furnish details \_\_\_\_\_
15. Have you taken or are you going to take any legal action against the defaulter for the recovery of the misappropriated money/property? \_\_\_\_\_
16. Have you or the police been able to recover any of the misappropriated money/property? If so please give details \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_