



CLAIM FORM - FIDELITY GUARANTEE

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured _____
Business Name: _____ PIN No.: _____
Nature of Business: _____
Name of Contact Person: _____ Position: _____
Postal Address: _____ Postal Code: _____ Town: _____
Physical Address: Bldg: _____ Floor: _____ Street: _____
Office Tel: _____ Fax No.: _____ Mobile Phone: _____
E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

1. Name of Employer _____
2. Address of Employer _____
3. Surname and other names of employee _____
4. Address of Employee _____
5. Policy Number _____
6. Date of appointment of the above-named employee _____
7. Has he, since that date, been continuously in your service until now? _____
8. From what date was his employment terminated? _____
9. (a) On what date were the losses first discovered? _____
(b) From what date have the defalcation committed by the employee occurred? _____
(c) How were the losses first discovered? _____
10. Have the Police been notified? If so, when and where? _____
11. (a) State the nature of the defalcations _____
(b) State as far as is known the extent of the losses You have sustained through the acts

(c) Does the employee agree the amount of the Deficiency? _____
(d) By what method and in what circumstances were the defalcations committed?

12. (a) State, in detail, the system of supervision and checking of accounts exercised over the employee

(b) On what date was the last local check (as opposed to the checking of statements of accounts submitted by the employee or branch) made prior to the discovery of loss?

(c) Who made the inspection? What is the rank of the Person? _____
13. Have there, to your knowledge, been any previous irregularities committed by the employee? If so, particulars stating when they first came to your notice _____

SECTION B : TECHNICAL DETAILS (continued)

14. Give particulars of the employee's remuneration. _____

15. Please furnish details of:-
(a) Any security or securities held by your or on your behalf in respect of the above employee other than this Fidelity Guarantee _____

(b) Any money or property in your custody due or belonging to the employee _____

- Please note that any such money or property should be retained by you pending our instructions 16.
Do you know the present whereabouts of the employee? If so, give precise details

17. Are you in touch with him or with any member of his family: _____
18. Have you removed from the employee's custody all goods or other property belonging to you? _____
19. Have this employee's customers (if any) been advised that he no longer has authority to represent you? _____

20. What investigation regarding the losses have been made to date? _____

21. If professional accountants are investigating these affairs, please state name and address _____

22. What references were obtained when the employee was appointed by you?

Please state names of the previous employers concerned and the periods in each employment _____

Did any reference suggest any adverse feature? _____

SECTION C : REQUIREMENTS

Please attach the following where applicable

- Audit reports
- Police report
- Defaulter's written confession

SECTION D : DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: _____ Designation _____

Signature: _____ Date and stamp: _____