GENERALI Central INSURANCE

FIDELITY GUARANTEE INSURANCE
CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.
Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy No.

Claim No.

Period of Insurance: From - _____/_____/_____ To - _____/_____/_____

INSURED DETAILS

1. Name of the Proposer (in full):

2. Address of the Proposer:

State																Pin code									
Mobile										Landline															
Email																									

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

3. Bank Details:

Bank Name																									
Branch																									
Type of A/c						A/c no																			
Pan No																									
IFSC Code												MICR code													
DETAILS OF LOSS																									

4. Please name the defaulting employee (in full)

_____

5. Please give present address of the defaulting employee

_____

6. Please provide amount of Loss sustained (In Rs.)_____

7. State the date of discovery of Loss: _____

8. Date/s of loss/es: _____

9. How exactly was the loss committed?

_____

10. In what capacity was the defaulting employee engaged and where?

_____

11. Do you have any money, estate, or effects of the defaulting employee in your possession? ☐ YES ☐ NO

If YES, please give particulars of it with amounts

_____

12. Do you hold any other security from the defaulting employee? ☐ YES ☐ NO

If YES, please give particulars

_____

13. Have you taken any action against the employee? ☐ YES ☐ NO

If so, state the nature of action taken.

_____

14. Has the loss been reported to the Police? If YES, please state at which Police Station and what action, if any has been taken by them

_____

MISCELLNEOUS INFORMATION

15. Please give details of other insurance, if any, covering the present loss.

_____

16. Please give details of previous Claims, if any, on the project.

_____

Please provide any other document and/or details relevant to Claim:

_____

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____ Proposer Signature:_____