HDFC ERGO General Insurance Company Limited



FIDELITY GUARANTEE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Clair	m No	Policy No	D.O/U	NIT
	a) Name of employer in full			
	, , ,			
	,			
	,	full station		
	,			
3.	Amount of loss sustained			
4.	Date of defalcation			
5.	Date of discovery of the defalcation			
	•	nitted? and detailed particulars on a separate signed sheet. Also please attach a certified		ooks of accounts relative to the declaration in
7. F	Please reply fully to the following quest	tions regarding the duties of the employee at the time of defalcation:		
;	a) In what capacity was he engaged ar	nd where?		
ŀ	b) In what way did moneys reach his ha	ands?		
		had in his hands at any one time and for how long?		
		unts on your behalf?		
	e) Who authorized these payments? _			
	f) Was he required to give printed recei	ipts from a book with counterfoils? If so, how often were the counterfo	oils examined and checked, and by	whom?
	g) Where moneys paid into the bank by	y the defaulting employee? If so, how often were the bank books exam	nined and checked, and whom? _	
	h) What balance, if any was allowed to	be kept in his hand?		
ı	,	alanced and how was their accuracy checked?		
	Please explain fully			
	j) How often were accounts sent direct	to customers independently of the employee?		
ı	k) Did the employee have charge of sto	ock? If so, how often was it checked?		
8.	How often were the account books at t	he place of the defaulting employees employment audited and by who	om?	
9.	Have you any moneys, estate, or effec	t of the employee in your possession? If so, give particulars with amount	unts	
10. I	Do you hold any other security from the	e employee? If so, state its nature an amount.		
11. I	Is the defaulter a member of a joint fam	nily, or does he hold any property furniture or other effects? If so, give	details	
12. 1	Has the employee any near relatives?	If so, give their names and address if known		
13. 1	Have you taken any action against the	employee? If so, state of what nature		
14.	Has the loss been reported to the polic	e? If so, state at which police station and what action, if any, has beer	n taken by them	
furth		est of my/our knowledge and belief, warrant the truth or the foregoing s e in respect of the said occurence, shall make any false or fraudulent sta ull and void.		
unde		nd authorise the Company that medical details and financial information nd, declare and consent that the Company shall have right to retain and		
Nam	ne:			Signature of Witness
Addr	ress:			
			_	
Date				
Plac	ce:			

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Consent for Mode of Claim Payment

Stamp Required in case of Company

Name of Incured				
Name of Insured				
Policy Number				
Claim Number				
Beneficiary Name				
Mode of Payment Cheque Fund Transfer Please tick for mode of payment)				
(All Fields are Mandatory in case of Fund Transfer)				
Insured's Name as per Bank Account				
Bank Account Number				
Branch Name				
IFSC Code Email address				
Attachments In Support of Bank Details (Please tick the type of proof submitted) Cancelled Cheque Bank Passbook Copy Copy				
Signature of Beneficiary	Date: DD MM YYYY			