



Orient Insurance Ltd (PB 4720)
Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

FIDELITY GUARANTEE CLAIM FORM

THIS CLAIM FORM IS ISSUED WITHOUT PREJUDICE TO THE LIABILITY UNDER THE POLICY

Date of issue:

Name of Insured : _____		Claim No: CL/100/05/2017/000966
Address: _____ _____		Policy No: P/100/5002/2015/16
Name of defaulter : _____		Date of payment of Renewal Premium: _____
Present or last known address: _____ _____ _____		Estimated Amount of the Claim: _____
Date of discovery of default: _____		
1. Since what date has the default been carried on and in what manner was it concealed?		
2. What led to its discovery?		
3. Are all the necessary checks carried out, and the cash collections are checked with the cash book along with the Banking Slip?		
4. In the case of Stocks, are the necessary periodical stock verification carried out?		
5. Has the Police been informed? If so, the date Action taken by the Police (also please attach a copy of the complaint made to the Police)		
6. Has the Police filed action against the defaulter, already? If so, the Case No.		

<p>7. If action has not been filed, please state whether :- (a) action will be filed at a future date or shortly. (b) If not, reasons as to why any action is not possible. (c) There was any domestic inquiry being held. If so, the outcome (Please forward a copy of the Report).</p>	
<p>8. (a) Has there been any previous irregularity in defaulter's accounts? (b) If so, nature of such irregularities? (c) If the employee was at fault, what action has been taken to prevent any recurrence?</p>	

9. Had there been any previous incidents of Loss of Cash or Stocks, and any of your employees found responsible for such losses. If so, please give details :

Name	Position/Occupation	Amount

<p>10. Have you any indemnity or security respecting the defaulter other than the above Policy?</p>	
<p>11. Is there any salary commission or other remuneration or allowance due to him?</p>	
<p>12. What is the actual amount of default?</p>	
<p>13. Has any money or stocks been recovered or agreement has been reached to reimburse any money or value of such stocks, by the employee/s. (If so, give details).</p>	

Bank Account Details of the Insured for Claim Settlement

01. Name of account holder, the cheque to be credited: 03. Type of Account : Savings Current

02. Name of the Bank and Branch: 04. Account No:

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DECLARATION
 I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my power in dealing with the matter.

Date:

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Signature of Insured
 (over company Rubber Stamp)