



**NEW INDIA
ASSURANCE**

SUVA

Harifam Centre, 2nd Floor, Cnr, Renwick Road & Greig St
G.P.O Box 71, Suva, Fiji Islands. Ph: 313488 Fax: 302679

LAUTOKA

155 Vitogo Parade, P.O.Box 257, Lautoka, Fiji Islands. Ph: 661344 Fax: 665302

LABASA

First Floor, R.B. Patel Complex, Naseakula Raod.

P.O.Box 1094, Labasa, Fiji Islands. Ph: 812880 Fax: 812230

NADI

Crown Investment Building, First Floor, Main Street

P.O.Box 1073, Nadi, Fiji Islands. Ph: 703300 Fax: 703229

THE NEW INDIA ASSURANCE COMPANY, LIMITED

Registered & Head Office : New India Assurance Building, 87 Mahatma Gandhi Road, Fort, Bombay.

Fidelity Guarantee Claim Form to be completed by the Employer

1. (a) Name of Employer in full: (b) Business : (c) Address :	
2. (a) Name of the defaulting employee in full: (b) His present address:	
3. Amount of loss sustained:	
4. Date of defalcation:	
5. Date of discovery of the defalcation:	
6. How exactly was the defalcation committed? (If this space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing all entries in your books of accounts relative to the defalcation in their order of dates).	
7. Please reply fully to the following questions regarding the duties of the employee at the time of defalcation (a) In what capacity was he engaged and where? (b) In what way did moneys reach his hands? (c) what was the largest sum which he had in his hands at any one time and for how long? (d) Was he allowed to pay out any amounts on your behalf? (e) Who authorized these payments? (f) Was he required to give printed receipts from a book with counterfoils? If so, how often were the counterfoils examined and checked, and by whom? (g) Were moneys paid into the Bank by the defaulting employee? If so, how often were the Bank books examine and checked, and by whom? (h) what balance, if any was allowed to d=be kept in his hands?	

<p>(i) How often were his Cash Accounts balanced and how was their accuracy checked? Please explain fully.</p> <p>(j) How often were accounts sent direct to Customers independently of the employee.</p> <p>(k) Did the employee have charge of stock? If so, how often was it checked?</p>	
<p>8. How often were the Account Books at the place of the defaulting employees' employment audited and by whom?</p>	
<p>9 Have you any moneys, estate, or effect of the employee in your possession? If so, give particulars with amounts.</p>	
<p>10. Do you hold any other security from the Employee? If so state its nature and amount.</p>	
<p>11. Is the defaulter a member of a joint family, or does he hold any property furniture or other effects? If so, give details.</p>	
<p>12. Has the employee any near relatives? If so give their names and address if known.</p>	
<p>13. Have you taken any action against the employee? If so, state of what nature.</p>	
<p>14. Has the loss been reported to the Police? If so, state at which Police Station and what action, if any, has been taken by them.</p>	

I/We the above named, do hereby, to the best of my/ our knowledge and belief, warrant the truth of the foregoing statements in every respect and I /We agree that if I/We have made, or in any fraudulent statement, or any suppression or concealment my/ our claim shall be absolutely forfeited, and the Policy shall henceforth be null and void.

Signature of Witness: _____ Insured's Signature _____

Name: _____

Date : _____

Address: _____

Date : _____