

FIDELITY GUARANTEE CLAIM FORM



Adamjee Insurance Co. Ltd.

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Karachi Office: Adamjee House I.I. Chundrigar Road,
Karachi-74000, Pakistan. UAN: 021-111-242-111

Claim No. _____

Policy No. _____

1. Name of the Insured: _____
2. Address: _____
3. Policy No:
Date of Payment of last Premium: _____
4. Full name of Employee responsible for the loss. _____
5. His present designation and residential address. _____
6. Nature of his duties and time of loss. _____
7. Date and item of discovery of loss, (if discovered subsequently, please give near most date and time). _____
8. Since what date has the default been carried on and in what manner was it concealed? _____
9. What led to its discovery? _____
10. How, When and by whom was loss discovered? _____
11. Has there been any previous irregularity in defaulter's accounts? If so, nature of same. _____
12. From whom and what means the amount of loss has been received by the employee on your behalf? _____
13. Was the amount exclusively in his charge? if so, where was it kept at the item of loss? _____
14. Who else had access or could have access to the amount at the time of loss? _____
15. Have you fully investigated the matter and ascertained that the above employee is solely responsible for loss? _____
16. Reasons, if any, for suspecting the employee other than shortage of amount in his charge. _____
17. What is the employee's own statement about the loss?
N.B. Please obtain and attach a written statement from the employee if and when possible. _____

18. Is the employee still working on same or other job, if not, where can he be seen? _____
19. Is the matter duly reported to the police? If so, when and to which police Station? _____
20. What other legal action otherwise is taken by you in the matter to recover the amount of loss? _____
21. Have you any indemnity or security against the suspecting defaulter other than the above policy? _____
22. Has he, so far as you know, any property, furniture or other effects? _____
23. Is there any salary, commission or other remuneration and allowances due to him? _____
24. Have you any means other than insurance to recover the amount of loss? _____
25. Is there any other policy or Bond Guaranteeing Fidelity of this Employee in your favor? _____
26. What is the amount of default as at present ascertained? (Please give full details). _____

I declare the for going particulars to be ture and correct and undertake to render every assistance in my power in dealing with the matter.

Date: _____

Signaute & Stamp of Insured: _____

N. B: The issuance of this form does not constitute an admission of the Company's liability