Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

FIDELITY INSURANCE - CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy No._____ Claim No. _____

A. INSURED

Name _____

Address line 1 _____ City_____ Pin Code_____

Address line 2 _____ State_____

Phone No. _____ Mobile No._____ Email _____

Business/Occupation _____ Period of Insurance From __/__/____ To__/__/____

Limits of Indemnity under the Policy_____

B. DETAILS OF LOSS

Date of Loss __/__/____ Time_____ AM / PM

LOSS LOCATION

Address line 1 _____

Address line 2 _____

City _____ State_____ Pin Code_____

Phone No._____ Mobile No._____ Email_____

Describe cause of Loss/Damage _____

_____

Estimated Loss (Rs.) _____

WITNESS DETAILS

Is any witness available for accident / loss? ☐ Yes ☐ No

If "Yes", specify

Name of the witness _____

Address line 1 _____

Address line 2 _____

City _____

State _____

Pin Code _____

Phone No. _____

Mobile No. _____

Email _____

INFORMATION TO AUTHORITY

Have any authority been informed about Accident / Loss? ☐ Yes ☐ No

If "Yes", specify

Name of the Authority _____

Contact Person _____

Authority reference no. _____

Address line 1 _____

Address line 2 _____

City_____ State_____

Pin Code _____

Phone No._____ Mobile No._____

Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State_____ Pin Code _____

Phone No. _____ Mobile No. _____

Policy No. _____ Email_____

Period of Insurance From __/__/____ To __/__/____ Amount of Insurance _____

This is an Internal document.

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details ☐ Yes ☐ No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF THE DEFAULTING EMPLOYEE

Please reply fully to the following questions regarding the duties of the employee at the time of defalcation:

Name of Employee _____

Employee's Address as per records

Address line _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Date of Birth _____ Designation _____

Job responsibilities _____ Start Date of Employment __/__/

Is Employee Terminated? ☐ Yes ☐ No
If "Yes", Date of Termination __/__/

Is the defaulting employee a member of a joint family, or does he hold any property, furniture or other effects? If "Yes", specify _____ ☐ Yes ☐ No

Do the employee has any near relatives? If "Yes" specify _____ ☐ Yes ☐ No

Name of the Contact person _____

Relative Address line _____

Relative Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Has the Insured taken any action against the employee? ☐ Yes ☐ No
If "Yes", state the nature of action taken _____

Was he allowed to pay out any amounts on Insured's behalf? ☐ Yes ☐ No
If "Yes", specify authority for Payments / Receipts _____

Was he required to give printed receipts from a book with counterfoils? ☐ Yes ☐ No
If "Yes", how often were the counterfoils examined and ☐ Daily ☐ Weekly ☐ Fortnight ☐ Monthly ☐ Quaterly ☐ Others (specify)

Specify counterfoil reconcilation by whom _____

Was money paid into bank by the defaulting employee? ☐ Yes ☐ No
If "Yes", specify bank reconcilation by whom _____

Is employee allowed to retain balance? If "Yes", maximum retenstion balance allowed Rs._____ ☐ Yes ☐ No

Does the Insured hold any other security from the employee? ☐ Yes ☐ No
If "Yes", specify its nature and amount Rs. _____

Did the employee have charge of stocks? ☐ Yes ☐ No
If "Yes", in what way did stocks reach his hand?_____

Was he allowed to issue stores or materials independently? ☐ Yes ☐ No
If "Yes", who authorized these issues? _____

How often was the position of stocks handled by the employee checked? _____ When was the last check made? __/__/____

How often were the Account Books/ Stock Books at the place of the defaulting employee's employment audited and by whom? _____

When was the last audit done? __/__/____

Has the Insured any money, estate, or effects of the employee in his possession? ☐ Yes ☐ No
If "Yes", give particulars with amounts _____

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify _____

_____

_____

_____

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.

2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.

3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.

4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: _____ _____

Date: _____ Signature of Insured

Toll free: 1-800-22-4030. Helpline: 022-26748600.

Email: contactclaims@universalsompo.com

This is an Internal document.