



**TOKIO MARINE**  
INSURANCE GROUP

Claim Form

# Fidelity Guarantee

Claim No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Agency \_\_\_\_\_

With reference to your notification of a claim under Policy No. \_\_\_\_\_ insuring against loss caused by embezzlement or fraud, you are kindly to supply the following preliminary particulars of such loss:

1. Name of Defaulter and present address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of discovery of default. 

D	D	M	M	Y	Y	Y	Y

3. What is the amount of the default as at present ascertained?

\_\_\_\_\_

4. Has there been any previous irregularity in Defaulter's accounts?

\_\_\_\_\_

5. At what date were Defaulter's account last checked and found correct? 

D	D	M	M	Y	Y	Y	Y

6. What amount of salary, commission or other remuneration or allowance is due to Defaulter?

\_\_\_\_\_

7. State whether you are prepared to prosecute Defaulter if called upon to do so under Condition No. \_\_\_\_\_ of the Policy.

\_\_\_\_\_  
\_\_\_\_\_

8. Police station to which loss reported \_\_\_\_\_

Report No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y

I/We declare that the above statements are true and that loss has been occasioned to me/us through the embezzlement or fraud of the above-named employed and I/We hereby make a claim thereof under the above numbered Policy.

Signature of Insured/Claimant

Name:

NRIC:

Date:

Company Stamp (if applicable)

Designation: