



Dhivehi Insurance Company Pvt. Ltd.
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Claim Form Fidelity Guarantee Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. POLICY INFORMATION

Policy No.	
Policyholder/Insured's Full Name	
Correspondence Address	
	Postcode
Email	Mobile No.

B. LOSS DETAILS

Name of the Employee:	Date of Employment (dd/mm/yy):
Address of the Employee:	Mobile No.:
Remuneration:	Date of Termination:
Has the employee been continuously in your service since the date of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
When was it discovered and by whom?	
Date the Employee first committed the act of fraud or dishonesty. If there were more than one occasion, state the respective dates of such acts of fraud or dishonesty.	
By what method and in what circumstances were the acts of the fraud or dishonesty committed?	
What were the Loss and Value?	
Does the employee agree with the amount of the deficiency? Please provide details and name of the supervisor	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the supervisor:

Is there any checks and supervision in place? If so provide details <input type="checkbox"/> YES <input type="checkbox"/> NO
Any money or property in your custody due or belongings to the employee? Please note that any such money or property should be retained by you pending our instructions. <input type="checkbox"/> YES <input type="checkbox"/> NO Please specify amount: _____
Do you know the present whereabouts of the employee? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details:
Are you in communication with the employee or with any member of his/her family? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details:
Have you removed from the employee's custody all goods or other property belonging to you? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details:
Have this employee's customers (if any) been advised that he/she no longer has the authority to represent you? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details:
Any report made to the police? <input type="checkbox"/> YES <input type="checkbox"/> NO Please provide details:

D. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured: _____ Date: _____

(If a Limited Company, give status of signatory and affix company's rubber stamp)

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

Documents Required (Please tick against the documents you have submitted.)

- Police Report/Police Investigation Result
- Internal Investigation Report
- CCTV footage showing circumstances of incident
- Letter of Employment and Termination
- Duty Roster of the employee(s)
- Records supporting the amount claimed
- Details of restitution made by the employee

IMPORTANT
Give immediate notice to the police.