



Your Trusted Risk Manager

সেনা ইন্সুরেন্স পিএলসি

SENA INSURANCE PLC

(A CONCERN OF SENA KALYAN SANGSTHA)

Corporate Office: SKS Tower (12th Floor), 7 VIP Road, Mohakhali, Dhaka-1206
PABX:+8802-9885604, 9885606
Fax: +88-02-9885631
E-mail: claimskicl@gmail.com
info@senakalyanicl.com
Web: www.senakalyanicl.com

CLAIM NO.

Fidelity Guarantee Claim Form

The issue of this form is not an admission of liability on the part of the company.

All questions must be answered fully.

Name of Insured

Full Address

Policy Number

1. (a) When was the loss discovered	(a)
2. Give the name of defaulting employees and their respective positions: a) Name Position b) Name Position c) Name position	a) b) c)
3. (a) Have the Police been notified (b) If yes; (i) Name of Police station (ii) Give date of notification (iii) Give name of person who notified the police	(a) Yes/No (b) (i) (ii) (iii)
4. State the period during which the default took place	

5. What is the total amount of the loss	
6. (a) Give full details of how this amount has been calculated (see attached schedule)	(a)
(b) Has the amount of loss been certified by Accounts or Auditors. If so, attach the accounts/Auditors report	(b)
7. (a) Have the employees been involved in or been suspected of any previous loss?	(a)
(b) If Yes, Give details	(b)
8. Give full details of the circumstances of the loss and how it was discovered.	
9. What methods were used to conceal the defalcations?	
10. What steps have been taken to prevent recurrence?	
11. (a) Have any other monies due to the defaulting employee been withheld?	(a) Yes/No
(b) If yes, provide details	(b) (i) Salary Tk..... (ii) Commission Tk..... (iii) Pension/Gratuity Tk..... (iv) Leave Pay Tk..... (v) Other Tk.....
12. (a) Do you hold any other guarantee or security for the employee	(a) Yes/No
(b) If yes, Give details	(b)

Declaration:

I/We hereby claim the sum of Tk. which was misappropriated and declared that the above statement is in all respects true and correct.

Signature of Claimant

Date