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Fidelity Guarantee Insurance Claim

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage. The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

1. Particulars Of Insured

Policyholder's Name _____

Policy No. _____

Postal Address _____

City _____ State _____ Zip _____

2. Particulars Of Claimant

Claimant's Name (If Different From Policy Holder) _____

Telephone No. _____

Email Address _____

Are you GST registered at the commencement of the insurance? Yes No

3. Loss Details

Name of Employee _____

Address of Employee _____

Telephone No. of Employee _____

Date of Employment _____

Occupation of Employee _____

Remuneration of Employee _____

Date of Termination _____

Has the employee continuously been in your service since the date of employment provided herein? Yes No

If no, please provide details:

When was the incident discovered and by whom? _____

Date on which the employee first committed the act of fraud or dishonesty. If there has been more than one occasion, state the respective dates of such acts. _____

Describe the method in which the act of fraud or dishonesty was committed and under what circumstances. _____

Please indicate the loss details and the value. _____

Does the employee agree with the amount of the deficiency? Yes No

3. Loss Details *Continued*

Were there any check or supervision in place?
If yes, please provide name of the supervisor during the time of incident.

Were there any previous incidents of such nature committed by the employee?
If yes, please provide details.

Is there any insurance covering the same loss?
If yes, please provide details.

Is there any property in your custody due to or belonging to the employee?
If yes, please specify the property and the corresponding values. Please note that any such property or money should be retained by you pending investigation and our advice.

Do you know the current whereabouts of the employee?
If yes, please provide details.

Are you in communication with the employee or any of his/her family members?
If yes, please provide details.

Have you informed the customers of the employee (if any) that he/she no longer has the authority to represent you/our company?

Has a police report been filed?
If yes, please provide copy of the police report to our office.

4. Declaration, Authorisation & Data Privacy Consent

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Great American Insurance Company, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry).

For more information on our Privacy Policy, please visit our website as follows:

<http://www.greatamericaninsurancegroup.com/insurance/Singapore-Branch/Documents/SGP-Privacy-Policy-for-Website.pdf>

I/we have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Date

Signature of Policyholder
(Company Stamp if applicable)

Date

5. Documents Required For Claim Assessment & Important Notes

Please refer to the list of minimal required documentation to facilitate our claim assessment process. In certain circumstances, additional information may be required if necessary.

- Policy Report / Police Investigation Result
- Incident Report / Internal Investigation Report
- CCTV Footage in connection with the incident
- Duty Roster of Employee(s)
- Letter of Employment and Termination
- Relevant records to support the amount being claimed
- Details of restitution made against the employee

Important

- Give immediate notice to the police
- To the extent allowed by law, please retain all monies and other properties due to the employee(s) involved in the act of fraud or dishonesty where such monies or properties will be deducted from the claim.