



CENTURY INSURANCE COMPANY LIMITED

FIDELITY GUARANTEE CLAIM FORM

Claim No. _____

1. Name of the defaulting employee _____
2. Last known address _____
3. Policy number _____ Date of discovery _____
4. Insured _____
5. Estimate of the total defalcation _____
6. Nature of defalcation - forgery, embezzlement larceny or fraudulent conversion. Please give details _____

7. For how long and in what manner have these defalcation been going on? _____
8. Has the defaulter confessed his guilt? _____
9. Did the defaulter act alone? In case of collaboration and/or connivance, please name the persons involved _____

10. What documentary evidence can be produced to substantiate the defaulter's guilt ? please provide _____

11. Has this matter been reported to the police and criminal proceeding instituted against the defaulter? If so please provide authenticated copies of Police First Information & Investigation Reports _____

12. Have the defaulter's services been suspended or terminated? In either case, please attach copies of the charge-sheet and defaulter's reply thereto _____
13. Did the defaulter or any other person on his behalf lodge with you any cash or other security at the time of employment?
If so, please give details _____
14. Is any money, by way of unpaid salary, bonus, commission, provident fund and alike, owing from you to the defaulting employee? If so, please furnish details _____
15. Have you taken or are you going to take any legal action against the defaulter for the recovery of the misappropriated money/property? _____
16. Have you or the police been able to recover any of the misappropriated money/property? If so please give details _____

Date _____

Signature _____

Registered & Head Office:

11th Floor, Jackson Square
Building # 3, Sawar Shah Road
road, Karachi.
UAN : (+92-21)111-111-777,
Email: info@cicl.com.pk