

Serial No.: FGP /


RHB INSURANCE BERHAD (Co. No. 38000-U)

 LEVEL 12, WEST WING, THE ICON, NO.1, JALAN 1/68F, JALAN TUN RAZAK, 55000 KUALA LUMPUR
 TEL: 03-2180 3000 / 2180 3200 FAX: 03-2161 6322 (Claims)

CLAIM FORM - FEDELITY GUARANTEE PRELIMINARY

Policy No. : _____

Claim No. : _____

SECTION 1 - INSURED INFORMATION

1. Name of Insured	
2. Address	
3. Date of Loss	

SECTION 2 - DETAILS OF LOSS

1. Name of Defaulter and last known address	
2. State date of discovery of the irregularities and what led to it	
3. For how long and in what manner have the embezzlements been carried on and concealed?	
4. Has there been any previous irregularity in the Defaulter's accounts? If so, state nature of same	
5. What is the extent of the loss so far as at present ascertained?	
6. Do you hold any other security than the above policy in respect of the Defaulter?	
7. What salary, commission, or other remuneration or allowance is due to him and currently being withheld by your goodselves?	
8. Has he to your knowledge any Property, furniture, or other effects?	
9. Mention briefly to what circumstances you ascribe his downfall	

Particulars of Defalcation

Date Amount Received By Defaulter	Date Default Discovered By Employer	Customer's Name	Customer's Address	Nett Amount of Cash Received By Defaulter
			Less (due to defaulter)	
			Salary RM	
			Commission RM	
			Expenses RM	

Insured's Signature _____

Date _____