

FIDELITY GUARANTEE INSURANCE CLAIM FORM



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER)

Part 1 (Preliminary Information), This part to be completed and returned to the Company immediately.

Policy No.		Claim No.	
1-	Name of the Insured. Address Contact number.		
2-	Name of defaulter/(s), position, and present or last known address		
3-	Date of discovery of the default.		
4-	Since what date has the default been carried on and in what manner was it concealed? (Enclose your internal investigation report.)		
5-	What led to its discovery?		
6-	Have you informed Police? Please give details/ police reports.		
7-	Has there been any previous irregularity in defaulter's accounts? If so, please give details.		
8-	Have you any indemnity or security in respect of the defaulter other than the above Policy?		
9-	Has he, as far as you know, any property or other assets?		
10-	Are there any salary, commission, other remuneration, or allowance which but for the default would have been due to him?		
11-	What is the amount of default presently ascertained?		
The undersigned insured declares that the foregoing particulars are true and undertake to render full cooperation in dealing with the matter.			
Date:			
Signature and stamp of the Insured			

Contd...2

Damaan Islamic Insurance Company – Beema (Q.P.S.C)

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P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

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PART- 2, (Final Claim Statement)

Beema's Claim No.:

The undersigned Insured hereby claim the sum offound to be unaccounted for/misappropriated through fraud or dishonesty on the part of.....bearing Passport/resident permit numberresiding at (last known address).....

The above amount is arrived, after adjusting salary, other allowances, commission, remuneration, end of service benefits and/or other amounts due to him for which credit could be claimed. These adjustments are detailed below supported by verifiable documentation/audit reports.

Further, the undersigned declares that he does not hold any security other than the above Policy and that the particulars given on this form are true and complete.

Date	Signature and Stamp of the Insured
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Claim Details.

Total amount lost due to fraud/ misappropriation by the defaulter..... QRs.

Less: Amount of salary, commission, remuneration,

allowances or any other amounts due to the defaulter.....QRs.

Net claim.	QRs
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