

## FIDELITY GUARANTEE INSURANCE Claim Form

**ZK - 24-25/v1**

**The issue of this form does not constitute admission of liability. Please return the form duly completed within  
Fourteen days of the loss together with the relevant vouchers, documents etc.**

POLICY NO: \_\_\_\_\_

CLAIM NO: \_\_\_\_\_

Area Office Code/Service Centre Code: \_\_\_\_\_

Date of registration: \_\_\_\_\_

Broker/Agent Name & code: \_\_\_\_\_

Code: \_\_\_\_\_

1.	Name of the Insured			
2.	Customer ID			
3.	Address of the Insured	Plot No/Door No.	Building name	
		Road		
		Area		
		City	Pin code	
		State		
		Phone No.		
		E-mail Id		
	Name/Designation of the defaulting Employee in full and His/her present address			
5.	Amount of loss sustained	Rs...		
6.	Date of discovery of the defalcation			
7.	Has the matter been reported to Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please attach copy of FIR. If not, please lodge FIR at the earliest.		
8.	Date (s) of defalcation (s)			
9.	How exactly was the defalcation committed? If space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing all entries in your books of accounts relative to the defalcation in the order of their dates.			
10.	Please reply fully to the following questions regarding the duties of the Employee at the time of defalcation:-			
	a) In what capacity was he engaged and where?			
	<b>Money</b>			
	b) In what way did money reach his hands?			
	c) What was the largest sum which he had in his hands at any one time and for how long?			
	d) Was he allowed to pay out any amounts on your behalf?			
	e) Who authorized the payments or issue?			
	f) Was he required to give printed receipts from a book with counterfoils? If so, how often were the counterfoils examined and checked and by whom?			
	g) Did the defaulting employee pay moneys into Bank? If so, how often were Bank Books examined and checked and by whom?			
	h) What balance, if any was allowed to be kept in his hand?			
	i) How often Cash balances are checked and how was their accuracy determined? Please explain fully.			
	j) How often were accounts sent direct to Customers independently of the employee?			
	<b>Stock</b>			
k) Did the employee have charge of stock? If so, in what way did stock reach his hands?				
l) Was he allowed to issue stores or materials independently? If not, who authorized these issues?				

	m) How often was the position of stock handled by the employee checked?	
	n) When was the last check made?	
11.	How often were the Account Books/Stock Books at the place of the defaulting employee's employment audited and by whom? When was the last audit done?	
12.	Have you any moneys, estate, or effects of the employee in your possession? If so, give particulars with amounts.	
13.	Do you hold any other security from the employee? If so, state its nature and amount.	
14.	Is the defaulting employee a member of a joint family, or does he hold any property furniture or other effects? If so, give details.	
15.	Does the employee have any near relatives? If so, give their names and addresses, if known.	
16.	Have you taken any action against the employee? If so, state the nature of action taken.	

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in further declaration(s) the Company may require in respect of the above claim, shall make any false or fraudulent statement(s), or any suppression or concealment, all my/our rights under the Policy shall be forfeited.

Place: 

D	D	M	M	Y	Y	Y
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Date: 

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Signature of Insured

DIRECT FUND TRANSFER / EFT MANDATE FORM	
A)	Would you like to continue with the NEFT details provided in the proposal form for Claim payment? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
B)	If No, Kindly provide the below mentioned details
	• Payee name (as per bank records).....
	• Payee account no .....
	• Type of account : <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others
	• Name of the bank.....
	• Branch Name.....
	• Address of the bank: .....
	• IFSC Code of the bank.....
	• MICR code of the Bank.....
	• PAN of the payee: .....
	Please attach an <b>Original Blank Cancelled Cheque</b> signed by the payee. (Mandatory)
	Please attach a <b>PAN Card</b> copy of Payee (mandatory)

### Terms and Conditions for Payments through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Zurich Kotak General Insurance Company (India) Limited shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Zurich Kotak General Insurance Company (India) Limited and/ or within such period as may be reasonably required by Zurich Kotak General Insurance Company (India) Limited to activate the RTGS/NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Zurich Kotak General Insurance Company (India) Limited or any factor beyond the control of Zurich Kotak General Insurance Company (India) Limited.
4. The Customer agrees to indemnify, without delay or demur, Zurich Kotak General Insurance Company (India) Limited and its agents and keep Zurich Kotak General Insurance Company (India) Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Zurich Kotak General Insurance Company (India) Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. Zurich Kotak General Insurance Company (India) Limited may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Zurich Kotak General Insurance Company (India) Limited. The date of notice for Zurich Kotak will be the date of receipt of such notice by Zurich Kotak. The notice of such termination should be given to Zurich Kotak only at its corporate address and be addressed at Zurich Kotak General Insurance, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Zurich Kotak General Insurance Company (India) Limited. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Zurich Kotak to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.
8. Zurich Kotak has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Zurich Kotak General Insurance Company (India) Limited website [www.zurichkotak.com](http://www.zurichkotak.com) or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I/ We further undertake to refund any excess amount whether demanded by Zurich Kotak General Insurance Company (India) Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from the Company of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.  
I/ We agree that my/our claim payment will be credited from the date Zurich Kotak General Insurance Company (India) Limited gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Zurich Kotak General Insurance Company (India) Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Zurich Kotak General Insurance Company (India) Limited before the expiry of the notice period of the customer.



Signature of the Account Holder