

Fidelity Guarantee Claim Form

1. PARTICULARS OF POLICYHOLDER (EMPLOYER)	
Policy No.	
Insured/Employer	
Business Address of Employer	
Contact Details (Telephone, Fax & Email)	
2. PARTICULARS OF EMPLOYEE	
Name of Employee	
NRIC/WP of Employee	
Address of Employee	
Date of Employment	(dd/mm/yyyy)
Date of Termination	(dd/mm/yyyy)
Employee's Remuneration (SGD)	
3. DESCRIPTION OF DEFALCATION	
When the loss was first discovered? Please indicate which day, date, and hour and discovered by Whom?	
From what date have the defalcation committed by the employee occurred? Please indicate which day, date, and hour.	
Was the employee, since that date of discovery been continuously in your service until now?	[] Yes [] No
Was the occurrence reported to the Police? Provide us a copy of the Police Report and contact details of the Investigation Officer:-	
Any professional accountants appointed to investigate the loss? If so, please provide investigation outcome and contact details:-	
Provide in details as far as is known the extent of the losses you have sustained through the act(s) of the above employee as below:-	
<ul style="list-style-type: none"> By what method and in what circumstances were the defalcation committed? The system of supervision and checking of accounts exercised over the employee On what date was the last inspection (as opposed to the checking of statements of account submitted by the employee or branch) made prior to the discovery of loss? Who made the inspection? What is the position of the inspector? Have you removed from the employee's custody all goods or other property belonging to you? Have this employee's customers (if any) been advised that he no longer has authority to represent you? What other investigations regarding the losses have been carry out to date? 	
Does the employee agree with the amount of the deficiency? Please state the amount in SGD	[] Yes [] No SGD : _____

<p>Have there, to your knowledge, been any previous irregularities committed by the same employee? If so, give particulars stating when they first came to your notice</p>
<p>Any security or securities held by you or on your behalf in respect of the above employee other than this Fidelity Guarantee or Any money or property in your custody due or belonging to the employee? If so, please let us have details:-</p> <p>(Please note that any such money or property should be retained by you pending our instructions)</p>
<p>Do you know the present whereabouts of the employee or in contact with him or with any member of his family? If so, please let us have details:-</p>
<p>What references were obtained when the employee was appointed by you? Please provide names of the previous employers concerned and the periods in each employment:-</p> <p>Did any reference suggest any adverse feature to this employee? If so, let us have details:-</p>

4. DECLARATION

<p>I/We declare that the above information described is true and complete of the foregoing particulars in every respect and I/We undertake to render the Insurer every assistance in my/our power in dealing with the matter. I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.</p> <p>I / We hereby acknowledge, consent and agree that:-</p> <ul style="list-style-type: none"> • MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers; • MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes; • The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail; • If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and • I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein. 	
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Policyholder/Insured's Representative Name/Designation	Signature of Policyholder/Insured's Representative
Policyholder/Insured's Company Stamp	Date