



redefining / insurance



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## FIDELITY GUARANTEE CLAIM FORM

Policy/ Certificate No.

The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

### A. POLICY INFORMATION

Policyholder's Full Name

### B. CLAIMANT DETAILS

Full Name (if different from policy holder)

Email

Telephone No.

Is your company GST Registered? Yes

No

### C. LOSS DETAILS

Name of the Employee

Address of the Employee

Mobile No. of the Employee

Date of Employment

Occupation

Remuneration

Date of Termination

Has the employee been continuously in your service since the date of employment?

Yes

No

please provide details.

When was it discovered and by whom?

Date the Employee first committed the act of fraud or dishonesty. If there were more than one occasion, state the respective dates of such acts of fraud or dishonesty.

By what method and in what circumstances were the acts of the fraud or dishonesty committed?

What were the Loss and Value?

Does the employee agree with the amount of the deficiency? Yes

No

there any checks and supervision in place?

No

Yes

please provide name of supervisor

Was there any previous similar incident committed by the Employee?

No  Yes  please provide details.

Is there any other insurance covering the same loss?

No  Yes  please provide details.

Any money or property in your custody due or belongings to the employee?

Please note that any such money or property should be retained by you pending our instructions.

No  Yes  please specify amount.

Do you know the present whereabouts of the employee?

No  Yes  please give precise details

Are you in communication with the employee or with any member of his/her family?

No  Yes  please provide details.

Have you removed from the employee's custody all goods or other property belonging to you?

Yes  No  please provide details.

Have this employee's customers (if any) been advised that he/she no longer has the authority to represent you?

Yes  No

Any report made to the police? Yes  No

#### D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name  Bank Code

Account No.  Branch Code

Email (for payment notification)

#### E. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

**[Declaration]** I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

**[Authorization]** Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

**[Customer's Data Privacy Consent]** In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Policyholder  
(Please also provide Company Stamp for corporate policy)

## F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT & IMPORTANT NOTE

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.


(Please tick against the documents you have submitted)

- Police Report/Police Investigation Result
- Internal Investigation Report
- CCTV footage showing circumstances of incident
- Letter of Employment and Termination
- Duty Roster of the employee(s)
- Records supporting the amount claimed
- Details of restitution made by the employee

**Important :**

- **Give immediate notice to the police.**
- **To the extent allowed by law, retain all monies and other assets due to the Employee(s) and such monies or assets will be deducted from the claim.**

Should you have any query on your claim status, we would be pleased to assist you via the following:

 [www.axa.com.sg](http://www.axa.com.sg)  
(Claim Section)

 1800 880 4888

 [cst@axa.com.sg](mailto:cst@axa.com.sg)

AXA Insurance is committed to making your claim submission simple and easy. Thank you for insuring with AXA Insurance, we are proud to serve you.