



## FIDELITY INSURANCE

### CLAIM FORM

#### IMPORTANT NOTICE:

- Please read the Claim Form fully prior to answering the questions.
- The issue of this claim form is not an admission of liability by QBE.
- **ALL** questions must be answered as fully as possible. If not applicable, write 'n/a'. If there is insufficient space or further comment on any area is considered necessary, please use additional sheets and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

#### Claims Department

**QBE Insurance (Vietnam) Ltd**  
**Suite 1302 A The Metropolitan,**  
**235 Dong Khoi St, Dist 1, HCMC**  
**Vietnam**

**Tel : + 848 3 8245050**  
**Fax : +848 3 8245054**

#### Hanoi Branch

**Room 701, North Star Building,**  
**No 4 Da Tuong, Hoan Kiem District, Hanoi**  
**Vietnam**

**Tel : + 844 3 9428668**  
**Fax : +844 3 9428669**

#### A. DETAILS OF INSURED

1. Full Name of Insured			
2. Address of the Insured			
3. Contact Person			
4. Policy Number (if known)			
5. Telephone Number		Facsimile Number	

#### B. INCIDENT DETAILS

1. Full Name of suspected employee :
2. Exact title of suspected employee at time the loss was discovered
3. Nature of employee's duties :
4. Date at which loss was discovered :
5. By whom, and under what circumstance was the loss discovered ( give full details ):



6.	Is any other person implicated	<input type="radio"/> Yes	<input type="radio"/> No
7.	If yes - Name and address of all other persons implicated :		
	.....	.....	
	.....	.....	
	.....	.....	
8.	Are these implicated persons your employees?	<input type="radio"/> Yes	<input type="radio"/> No
9.	Amount of cash involved :	Value of merchandise :	

<b>C. EMPLOYEE DETAILS</b>			
1.	Has( have) suspected employee(s) absconded ?	<input type="radio"/> Yes	<input type="radio"/> No
2.	Last known address of the suspected employee(s):		
3.	Previous address of suspected employee(s):		
4.	Name and address of employee's nearest relatives:		
	.....	.....	
	.....	.....	
	.....	.....	
5.	Exact date suspected employee's services began :		
6.	Exact date suspected employee's services terminated:		
7.	Reason for termination of employment		
8.	Has (have) suspected employee(s) made oral or written confession ?	<input type="radio"/> Yes	<input type="radio"/> No
9.	If no confession made, what explanation of the shortage does (do ) suspected employee(s) give ? <i>Please give full details</i>		



10. Has warrant for arrest been issued ?	O Yes	O No
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**D. INVESTIGATIVE DETAILS**

1. The accounts of the defaulting employee(s) have been audited as follows:		
Date of audit	By whom audit made	
.....	.....	
.....	.....	
.....	.....	
.....	.....	
2. To the best of our knowledge the defaulting employee(s) own(s) the following real and personal property:		
Real property : .....		
Personal property : .....		
Bank account : .....		
3. Has/ have the suspected employee(s) ever had a shortfall in cash handled If yes, please give full details	O Yes	O No
4. Method of compensating employee(s)		
5. Amount of salary or commissions due to suspected defaulting employee(s) at time of discovery of loss?		
6. Other credit due to employee(s) ?		
7. Do you hold any other bond or collateral in any form against loss on account of employees ?	O Yes	O No

**E. DECLARATION**

I/ We declare that:		
1. The information and answers given above are correct to the best of my/our knowledge and belief.		
2. I/ We understand the claim may be refused or reduced if information is withheld		
3. I/We authorize QBE to disclose information contained herein to QBE's advisor, reinsurers and to other insurers. I/We authorize QBE to obtain from any other party information that is, in QBE's view relevant to this claim		

Date :

Name, stamp and signature of insured