



# اينسورنس ناسيونل

## National Insurance Company Berhad

(Incorporated in Negara Brunei Darussalam)

**Head Office :** Units 12 & 13, Block A, Regent Square, Simpang 150, Kampong Kiarong  
Bandar Seri Begawan BE1318 Negara Brunei Darussalam  
P. O. Box 1251, Bandar Seri Begawan BS8672, Negara Brunei Darussalam  
Tel: 242 6888, 245 0800, 222 6222, 223 3999 Fax: 242 9888 (Administration / Claims)  
Email: insurance@brunet.bn

**Kuala Belait :** Unit 20, Block C, Lot 8989, Jalan Pandan Tujuh, Kuala Belait KA1931  
Negara Brunei Darussalam  
P.O.Box 1336, Kuala Belait KA1189, Negara Brunei Darussalam  
Tel : 333 1222, 333 6468, 333 6469, 333 2038 Fax : 334 2191  
Email: kb@national.com.bn

## FIDELITY GUARANTEE / MONEY CLAIM FORM

### DOCUMENTS REQUIRED TO BE SUBMITTED:

- 1) *Fidelity Guarantee/Money Claim Form duly completed*
- 2) *Police Report*
- 3) *Documents to prove the misappropriation of funds*
- 4) *Job description of employee/Copy of Identity Card*
- 5) *Transaction records/cash movements*

*The issue of this Form is not an admission of liability. It should be completed as fully and accurately as possible and return immediately*



5. a)	State the date when the Employee entered your service.	
b)	State details of enquiries made by you regarding Employee prior to engagement.	
c)	Please attach any written reference obtained before engagement.	

6.	When was suspicion first aroused, and under what circumstances?
7.	When and under what circumstances was the defalcation confirmed?
8.	When were the accounts and stock records last checked and found correct?
9.	Is there any reason to believe that any other defalcations have been committed?
10.	State the amount of the loss as at present ascertained. (If there is more than one default, each loss must be separately stated)
11.	Has the Employee been suspended or dismissed? If so, on what date?
12.	What salary or commission was then due to him/her? Has this been retained? If so, how much?
13.	Give particulars of any Properties, etc, you hold, belonging to or Pension Fund, Savings, Money which may be refundable to the Employee
14.	Has the Employee admitted the irregularities and offered any explanation?
15.	Has there been any previous irregularities or any shortage of stock attributed to the Employee?

16. Has a proposal for a Settlement been put forward by the Employee or any of his/her friends? If so, give details.

17. Since the Insurer accepted the risk

a) Has the Employee been uninterrupted in your employment ?

b) Has his/her duties and the conditions of service remained the same? If not, give details.

c) Has the Employee absconded ?

18. What was your system of check for this Employee? Please provide full details.

19. Have you any other guarantees or Securities in respect of the Employee? If so, of what nature?

20. Has defalcation been reported to the Police ? If yes, please give details of Police Station and Date of Report. If no, please give reasons.

**I/WE HEREBY DECLARE THAT ALL THE PARTICULARS GIVEN ABOVE ARE TRUE AND CORRECT.**

10. Have details of payments made by you regarding Employees' State Insurance been furnished to the Employer?  
11. Please specify any arrears of wages obtained before employment.

12. When was the last day of service and under what circumstances?

**Authorised Signature  
(Company Stamp)**

Name :

I/C No:

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

13. Have you received any gratuity or provident fund benefits from the Employer?

14. Has the Employer been prosecuted or disciplined? If so, on what date?

15. What reasons for prosecution were given to the Employer? Has this been satisfied?

16. Give particulars of any Proceedings, civil or criminal, in which you have been held to be liable in the Territory.

17. Has the Employer satisfied the obligation and offered any employment?

18. Has there been any previous investigation or any other proceedings in the Territory?

TO BE RETAINED BY THE INSURED.

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

National Insurance Company Berhad

Fidelity Guarantee / Money Claim Form.

Received at National Insurance Co. Bhd on : \_\_\_\_\_ by : \_\_\_\_\_

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- 2) Police Report
- 3) Documents to prove the misappropriation of funds
- 4) Job description of employee/Staff or Member Card
- 5) Documentation regarding investments

*Please note: This Form is not an indication of liability. It should be completed as fully and accurately possible and return immediately.*