



**Customer Care Centre**

Call 1300 80 3030 at local rates

Fax (603) 2171 3030

Email [amassurance-general@ambg.com.my](mailto:amassurance-general@ambg.com.my)

SMS Type Alert<space>message Send to 012/016/019-2625378 (AmAlert)

**FIDELITY GUARANTEE CLAIM FORM**

**A. INSURED/POLICYHOLDER**

1. Name	
2. Policy No.	
3. Do you have any previous insurer on Fidelity Guarantee Cover If yes, please name the insurance Company	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. CIRCUMSTANCES OF LOSS**

1. Name of Defaulter and last known address	
2. Date of discovery of the irregularities	
3. For how long and in what manner have the embezzlement been carried out and concealed	
4. Has there been any previous irregularity in the Defaulter's accounts If yes, please state nature of loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the extent of the loss	
6. Do you hold any security other than the above policy in respect of the Defaulter If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has he to your knowledge owned any property, etc. If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What are the actions taken to prevent recurrence	

**Particulars of Defalcation**

Date amount received by defaulter	Date default discovered by Employer	Customer's Name	Customer's Address	Nett Amount of Cash Received by Defaulter
Less (due to defaulter) Salary                      RM Commission                RM Expenses                    RM				

I/We declare that the particulars given are true to my/our best knowledge.

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

Signature (Please state designation and stamp Co.'s Chop)