



TAKAFUL PAKISTAN LIMITED

Business Centre, 6th Floor, Plot NO. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal,
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FIDELITY GUARANTEE

Claim Form

(The Company does not warrant admission of liability by the issue of this form)

Name of the Participant:		Contact No:	
Address:			
Policy Number:		Expiry Date:	D D M M Y Y Y Y
What is the amount of the default?		Date of discovery of default	D D M M Y Y Y Y
Name of the defaulted employee:		Age	
Present address of the person committed such default			
Designation of defaulted employee at the date of default?		What is his present remuneration?	
Nature of his duties at the time of loss?			
For how long and in what manner has the default been carried on and concealed? (If discovered subsequently, please give nearest date and time)			
Is the matter duly reported to the police? If so, when and to which police station? Kindly attach the said police report.			
Was the amount exclusively in his charge? If so, where was it kept at the time of loss?			
Who else had access or could have access to the amount at the time of loss?			
From whom and what means the amount of loss has been received by the employee on your behalf?			
How, when and by whom the loss was discovered?			
Has there been any irregularity in the defaulters account? If so, state when and give particulars?			

On what date were his accounts last checked and found correct? By: a) Auditor? b) Person responsible for supervising employee's work?	

Have you fully investigated the matter and ascertained that the above employee is solely responsible for loss?	
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What is the employee's own statement about the loss? N.B. Please obtain and attach a written statement from the employee, if and when possible.	
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Is there any salary commission or other remuneration or allowance due to him?		Do you hold any other security in addition to this Guarantee?	
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Has the defaulting employee owned any property (so far as you know)	
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Has the defaulter been discharged from your service?		Date of discharge	D	D	M	M	Y	Y	Y	Y
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Has a proposal for settlement been put forward by the defaulter?	
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Estimated amount of loss and how arrived at?	
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I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with this matter.

Date:	D	D	M	M	Y	Y	Y	Y
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Signature and Rubber Stamp of the Participant

It is important that this form should be completed in all respects and returned to the Company at once. If the space provided is insufficient, please use separate sheet.

FOR OFFICE USE ONLY

Claim No.:	
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Payment of Contribution	RT. No.							
	Date	D	D	M	M	Y	Y	Y

Checked By: _____
(Signature)

Date	D	D	M	M	Y	Y	Y	Y
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Remarks (If any): _____

