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IGI GENERAL INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

FIDELITY GUARANTEE BENEFIT CLAIM FORM

This form should be completed and returned to the Operator immediately
(The Operator does not admit liability be the issue of this form)

Benefit Claim No. _____

1. Name of the defaulting employee _____
2. Last known address _____
3. PMD number _____ Date of discovery _____
4. Participant _____
5. Estimate of the total defalcation _____
6. Nature of defalcation - forgery, embezzlement larceny or fraudulent conversion. Please give details _____

7. For how long and in what manner have these defalcation been going on? _____
8. Has the defaulter confessed his guilt? _____
9. Did the defaulter act alone? In case of collaboration and/or connivance, please name the persons involved _____
10. What documentary evidence can be produced to substantiate the defaulter's guilt? please provide _____

11. Has this matter been reported to the police and criminal proceeding instituted against the defaulter? If so please provide authenticated copies of Police First Information & Investigation Reports _____

12. Have the defaulter's services been suspended or terminated? In either case, please attach copies of the charge-sheet and defaulter's reply thereto _____
13. Did the defaulter or any other person on his behalf lodge with you any cash or other security at the time of employment? If so, please give details _____
14. Is any money, by way of unpaid salary, bonus, commission, provident fund and alike, owing from you to the defaulting employee? If so, please furnish details _____
15. Have you taken or are you going to take any legal action against the defaulter for the recovery of the misappropriated money/ property? _____
16. Have you or the police been able to recover any of the misappropriated money/property? If so please give details _____

Date _____

Signature _____