

**FIDELITY GUARANTEE CLAIM FORM / BORANG TUNTUTAN JAMINAN PECAH AMANAH**

POLICY / POLISI	No.: _____
INSURED / PEMEGANG POLISI	Name / Nama: _____ Business/ Perniagaan: _____ Business Address/Alamat Perniagaan: _____ Tel No. / No. Telefon: _____ GST Registered/GST Berdaftar: ( ) Yes/Ya ( ) No/Tidak GST Registration No/No. Pendaftaran GST: _____
DEFAULTER/ PEKERJA YANG PECAH AMANAH	Name/Nama : _____ I/C No. /No K/P.: _____ Marital Status/Taraf Perkahwinan : _____ No. Telefon / Tel No: _____ Address/Alamat: _____ Occupation/Pekerjaan: _____ Department/Jabatan: _____ Salary/Gaji: _____ Exact nature of job (please furnish a copy of his/her job description, if any/ Jenis Pekerjaan (sila berikan salinan perihal pekerjaan, jika ada): _____ _____ Who does he/she report to? Name/ Dengan siapakah dia melaporkan diri? Nama: _____ Designation/Jawatan: _____ When did he/she join the Company / Bilakah dia memulakan pekerjaan di Syarikat?: _____ Has there been any previous irregularities in his/her accounts? If so, please provide details / Adakah terdapat sebarang keraguan di dalam akaun pekerja? Jika ya, sila jelaskan: _____ _____ Has he/she been subjected to any previous disciplinary actions? If so, please provide details/ Adakah dia pernah dikenakan tindakan tata tertib sebelum ini? Jika ya, sila berikan butiran: _____ _____ Has he/she been dismissed? If so, please state the date / Adakah dia pernah dibuang kerja? Jika ya, sila berikan tarikh: _____ _____ Has he/she owned any properties, such as houses, vehicles, etc? If so, please provide details/ Adakah dia memiliki harta, seperti kereta, rumah dan sebagainya? Jika ya, sila berikan butiran: _____ _____ Is there any salary, commission, allowance or other remuneration due to him/her? / Apakah jumlah gaji, komisen, simpanan atau lain-lain imbuhan atau elaun yang patut dibayar kepada pekerja?: _____ _____
CIRCUMSTANCES/ KEJADIAN	Date of discovery of loss/Tarikh Kehilangan: _____ am/pm: _____ For how long and in what manner has the default been carried on and concealed?/ Berapa lama dan apakah tingkah laku / cara pecah amanah dilakukan?: _____ _____ What led to its discovery? / Apakah yang menyebabkan ianya dikesan?: _____ _____ Has the matter been reported to the police?/ Adakah kejadian itu dilaporkan pada, pihak polis?: _____ _____ What is the outcome of the police investigation? / Apakah hasil siasatan polis?: _____ _____
AMOUNT LOSS / JUMLAH KERUGIAN	What is the amount of the loss? / Berapakah jumlah kehilangan?: _____
GENERAL INFORMATION/ MAKLUMAT AM	Do you hold any other security / guarantee in respect of the defaulter?/ Adakah lain-lain jaminan kesetiaan yang dipegang untuk pekerja yang pecah amanah?: _____ _____ What steps have you taken to recover the loss?/ Apakah langkah yang diambil untuk mengembalikan kehilangan?: _____ _____

We declare that we have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief.

Saya/Kami mengaku bahawa saya/kami tidak menyembunyikan daripada Syarikat sebarang maklumat penting dan segala kenyataan yang diberikan didalam borang ini adalah benar berdasarkan kepada segala pengetahuan dan kepercayaan saya/ kami.

Date / Tarikh : ..... Insured's Signature /Tandatangan Pemegang Polisi: .....