

KERALA STATE INSURANCE DEPARTMENT

MISCELLANEOUS CLAIM FORM

1. Name and address of the District Officer through the claim was preferred
2. Name and address of the employees who sustained the loss
3. Amount of loss sustained
4. Date of loss of money
5. Date of discovery of loss
6. How exactly was the defalcation took place (if this space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing all entries in your books of accounts relative to the defalcation in their order of dates.)
7. Please reply fully to the following questions regarding the duties of the employees at the time of defalcation.
 - a) In what capacity to the following questions regarding the duties of the employees and where?
 - b) In what way did moneys reach his Hands?
 - c) What was the largest sum which he/she had in his/her hands at any one time and for how long?
 - d) Was she/he required to give printed Receipts? If so, give details.
8. How often were the Accounts of the employees are checked and by whom?
9. Have you any moneys, estate, or effect of the employees in your possession? If so, give particulars with amounts.

10. Do you hold any other security from the employee? If so, state its nature and Amount.

11. Has the loss been reported to the Police? If so, state at which Police Station and what Action, if any, has been taken by them.

12. Whether the amount claimed by the employee can be released.

I/we, the above named, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said occurrence, shall make any false or fraudulent statement, of any suppression or concealment my/our claim shall be absolutely forfeited, and the policy shall henceforth be null and void.

Agents Signature

Name and address of the agent:

Date:

Counter Signed: