

## Fidelity Guarantee Claim Form Policy/ Certificate No.

HSBC Life (Singapore) Pte. Ltd. 10 Marina Boulevard, Marina Bay Financial Centre Tower 2 #48-01, Singapore 018983

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www.hsbclife.com.sg cst@mail.life.hsbc.com.sg Co. Reg No. 199903512M

The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

A. POLICY INFORMATION
Policyholder's Full Name
B. CLAIMANT DETAILS
Full Name (if different from policy holder)
Email Telephone No.
Is your company GST Registered? Yes No
C. LOSS DETAILS
Name of the Employee
Address of the Employee
Mobile No. of the Employee
Date of Employment Occupation
Remuneration Date of Termination
Has the employee been continuously in your service since the date of employment?
Yes No please provide details.
When was it discovered and by whom?
Date the Employee first committed the act of fraud or dishonesty. If there were more than one occasion, state the respective
dates of such acts of fraud or dishonesty.
By what method and in what circumstances were the acts of the fraud or dishonesty committed?
What were the Loss and Value?
Does the employee agree with the amount of the deficiency? Yes No
there any checks and supervision in place?
No Yes please provide name of supervisor

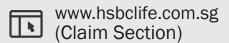
	imployee?	
No Yes please provide details.		
Is there any other insurance covering the same loss?		
No Yes please provide details.		
Any money or property in your custody due or belongings to the employee?  Please note that any such money or property should be retained by you pending our instructions.		
No Yes please specify amount.		
Do you know the present whereabouts of the employee?		
No Yes please give precise details		
Are you in communication with the employee or with any me	ember of his/her family?	
No Yes please provide details.		
Have you removed from the employee's custody all goods or other property belonging to you?		
Yes No please provide details.		
Have this employee's customers (if any) been advised that he/she no longer has the authority to represent you?		
Yes No		
Any report made to the police? Yes No		
D. BANK ACCOUNT DETAILS (for direct transfer to your bank account)		
Name (as per bank account)		
Bank Name	Bank Code	
Bank Name Account No.	Bank Code Branch Code	
Account No.	Branch Code	
Account No.  Email (for payment notification)  E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA F  [Declaration] I/We confirm that I am/We are the claimant a	PRIVACY CONSENT  and/or the Policyholder and I/We declare that all the particulars	
Account No.  Email (for payment notification)  E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA F  [Declaration] I/We confirm that I am/We are the claimant a given above are to the best of my/our knowledge true and c  [Authorisation] Where applicable, I / We hereby consclaimant's care to discuss and disclose treatment details	PRIVACY CONSENT  Ind/or the Policyholder and I/We declare that all the particulars correct.  Seent to and authorise the medical practitioner involved in the and discharge arrangements with and to HSBC Life (Singapore)	
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## F. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT & IMPORTANT NOTE

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)
Police Report/Police Investigation Result
Internal Investigation Report
CCTV footage showing circumstances of incident
Letter of Employment and Termination
Duty Roster of the employee(s)
Records supporting the amount claimed
Details of restitution made by the employee
Important:
Give immediate notice to the police.
To the extent allowed by law, retain all monies and other assets due to the Employee(s) and such monies or assets will be deducted from the claim.

Should you have any query on your claim status, we would be pleased to assist you via the following:







HSBC Life is committed to making your claim submission simple and easy. Thank you for insuring with HSBC Life, we are proud to serve you.