

# QBE FLEXIBLE Solutions™

PACKAGED COMMERCIAL INSURANCE

## Fidelity Claim

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**A. NOTES**

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as \* are in the currency of the country in which the policy has been issued.
5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
  - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

**B. INSURED DETAILS**

1. Name of insured: .....
2. Address: .....  
 ..... Postcode: .....
3. Private tel no: ..... Business tel no: .....  
 Mobile tel no: ..... Fax no: .....  
 Email: .....
4. Occupation: .....

**C. INCIDENT DETAILS**

1. Full name of suspected employee: .....
2. Exact title of suspected employee at time the loss was discovered: .....
3. Nature of employee's duties: .....

- 4. Date at which loss was discovered: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5. By whom, and under what circumstance was the loss discovered (give full details): .....  
.....  
.....
- 6. Is any other person implicated? YES  NO
- 7. If "YES"  
Names and addresses of all other persons implicated:  
.....  
.....  
.....
- 8. Are these implicated persons your employees? YES  NO
- 9. Amount of cash involved (\*): ..... Value of merchandise (\*): .....

**D. EMPLOYEE DETAILS**

- 1. Has (have) suspected employee(s) absconded? YES  NO
- 2. Last known address of suspected employee(s): .....
- 3. Previous address of suspected employee(s): .....
- 4. Names and addresses of employee's(s') nearest relatives:  
.....  
.....  
.....  
.....
- 5. Exact date suspected employee's(s') service began: ..... \_\_\_\_/\_\_\_\_/\_\_\_\_
- 6. Exact date suspected employee's(s') services terminated:..... \_\_\_\_/\_\_\_\_/\_\_\_\_
- 7. Reason for termination of employment: .....
- 8. Has (have) suspected employee(s) made oral or written confession? YES  NO
- 9. If no confession made, what explanation of the shortage does (do) suspected employee(s) give?  
*Please give full details*  
.....  
.....  
.....

10. Has warrant for arrest been issued? YES  NO

**E. INVESTIGATIVE DETAILS**

1. The accounts of the defaulting employee(s) have been audited since the execution of the bond as follows:

DATE OF AUDIT	BY WHOM AUDITS MADE
.....	.....
.....	.....
.....	.....

2. To the best of our knowledge the defaulting employee(s) own(s) the following real and personal property:

Real property: .....

Personal property: .....

Bank accounts: .....

Safe deposit box: .....

3. Has / have the suspected employee(s) ever had a shortfall in cash handled? YES  NO

*If "YES", please give full details*

.....  
 .....

4. Method of compensating employee(s): ..... \*

5. Amount of salary or commissions due to suspected defaulting employee(s) at the time of discovery of loss? \* .....

6. Other credits due to employee(s)? .....

7. Do you hold any other bond or collateral in any form against loss on account of employees? YES  NO

**F. DECLARATION**

I/We declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief.
- I/We understand the claim may be refused or reduced if information is withheld.
- I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured: .....

Date: \_\_\_/\_\_\_/\_\_\_

### Asia Pacific Head Office

Level 7, 345 George Street  
Sydney N.S.W. 2000  
Australia

Tel: +612 9375 4444  
Fax: +612 9375 4070  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### Licensed insurers for the Pacific Islands region:

##### Fiji

QBE Insurance (Fiji) Limited  
QBE Centre  
Victoria Parade  
GPO Box 101  
Suva, Fiji

Tel: + (679) 331 5455  
Fax: + (679) 330 0285  
Info: [info.fiji@qbe.com](mailto:info.fiji@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### PNG

QBE Insurance (PNG) Limited  
QBE Building  
Musgrave Street  
P O Box 814, Port Moresby  
Papua New Guinea

Tel: + (675) 3212 144  
Fax: + (675) 3214 756  
Info: [info.png@qbe.com](mailto:info.png@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### Solomon Islands

QBE Insurance (International) Limited  
Panatina Plaza  
Prince Philip Highway  
P.O. Box 764  
Honiara  
Solomon Islands

Tel: + (677) 38884  
Fax: + (677) 38887  
Info: [info.sol@qbe.com](mailto:info.sol@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### Vanuatu

QBE Insurance (Vanuatu) Limited  
La Casa, D'Andrea Building  
Port Vila  
P.O. Box 186  
Vanuatu

Tel: + (678) 22299  
Fax: + (678) 23298  
Info: [info.van@qbe.com](mailto:info.van@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### French Polynesia

QBE Insurance (International) Limited  
Immeuble Gallieni  
Front de Mer  
P.O. Box 283  
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00  
Fax: + (689) 50 66 01  
Info: [info.fp@qbe.com](mailto:info.fp@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### New Caledonia

QBE Insurance (International) Limited  
5 Rue Anatole-France  
BP 449  
98845 Noumea-Cedex  
New Caledonia

Tel: + (687) 246300  
Fax: + (687) 287717  
Info: [qbe@qbe.nc](mailto:qbe@qbe.nc)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



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[www.qbe.com](http://www.qbe.com)