

Employee Dishonesty/Fidelity Insurance Claim Form

Professional Risks Claims, Norwich Union Insurance,
One Lloyds Avenue, London, EC3N 3DH

Telephone: 020 7283 7500

Facsimile: 020 7662 1025



The Insured

Policy Number: Claim Number:

Name of Insured:

Insured's Address:

Post Code: Telephone No:

The Employee/Defaulter

Name(s) & address(es) of the employee(s) responsible for the loss:

What is the employee's date of birth?

What was the employee's job at the time of the loss?

Date of appointment to your employment?

What is the current status of employment?

State the full sum that has been withheld from or is due to the employee(s). (include salary expenses commission and amounts that may become due) £

Please give the amount and details of any other insurance or securities held in respect of this loss:

Please give details if the employee has repaid or made any offer to repay any part of the loss:

The Loss/Claim

Amount claimed (Estimated amount of the loss if not yet known): £

How has the loss been calculated?

Date of discovery? Period of Loss: From To

How was the loss discovered?

What is the nature of the loss?

How did the employee evade your controls?

What has been done to prevent recurrence?

