

Fidelity Insurance Notice of claim

Policy no.	
Policyholder, insured person	
P.O. Box	Postcode/Place
Address	E-mail
Phone	Contact person
Payment requested to (bank)	Accountholder
Sort code	Account no.

1 Person who caused the losses

Last name / first name	
Born	In
Address	Postcode/Place
Employed since	Compensation in CHF
As	

2 Previous employment of person giving rise to the claim

Please specify time period and employer (including address) and enclose photocopies of written documents and certificates.
Details on employment of person giving rise to the claim in the three years prior to their employment by you:

3 Continued employment of person giving rise to the claim

Do you still employ the person who caused the losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dismissed on _____
Did the person who caused the losses sue for unfair dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Labor court case no _____

4 Extent of your financial losses

Amount in CHF _____

Counterclaim of person who caused the losses in CHF _____

Remaining claim in CHF _____

5 Acknowledgement of fault on the part of person giving rise to the claim

Has the person who caused the losses provided an admission of guilt obliging them to repay the loss amount?

Yes Date _____ Amount _____

No

6 Admission of wilful intent on the part of person giving rise to the claim

Please enclose existing written statements, if available

Has the person who caused the losses admitted willful misconduct? _____

7 Measures taken

Please enclose photocopies of the enforcement notice, claim, judgment or criminal charges, where appropriate

What measures have you taken?

Court order/enforcement notice Yes No

Claim for damages Yes No

Criminal charges Yes No

Address and crime reference number of police _____

Address and case number of public prosecutor's office _____

To avoid any loss of rights, please ensure that you observe any negotiated cut-off periods and lapse periods.

8 Discovery of losses

Date _____ By whom? _____

Under what circumstances? _____

9 Cause of financial loss

When, where and under what circumstances were the financial losses caused?
(Please answer in as much detail as possible, e.g. precise individual data in the event of several acts of embezzlement, name and address of third parties involved in the act. Enclose available documents such as audit reports, confession or report of the person who caused the losses.)

10 Most recent review of person giving rise to the claim

When was the task of the person who caused the loss last reviewed prior to the discovery of the damage?

Date _____ By whom? _____

11 Discrepancies regarding person giving rise to the claim

Were there any discrepancies or suspicions with respect to the person who caused the losses?

Yes No

Please specify _____

12 Entitlement to input tax deduction

Are you or the company which sustained the losses entitled to an input tax deduction?

Yes No

13 Other insurance cover

Are the financial losses covered by any other insurance?

Yes No

Policy no. _____ Company _____

I/We declare the above information to be true and to the best of my/our knowledge and belief. I/We are aware that the insurer shall be released from their obligation to provide compensation if the above questions have been answered incorrectly or incompletely deliberately or through gross negligence.

Place/Date _____ Signature _____

Version 2023/06