



MSIG Insurance (Thailand) Public Company Limited
 1908 MSIG Building New Petchburi Road, Bangkok,
 Huay Kwang, Bangkok 10310
 Claims Hotline 24 HR Call : **1259** Fax : +66 02 319 1441
 E-mail : PCMClaims@th.msig-asia.com

บริษัท เอ็ม เอส ไอ จี ประกันภัย (ประเทศไทย) จำกัด (มหาชน)
 1908 อาคาร เอ็ม เอส ไอ จี ถนนเพชรบุรีตัดใหม่ แขวงบางกะปิ
 เขตห้วยขวาง กรุงเทพฯ 10310
 เลขทะเบียนนิติบุคคล/เลขประจำตัวผู้เสียภาษีอากร 0107555000414
 QP-PCM-001 FM 003 REV.: 00
 Effective : 16.12.21

FIDELITY GUARANTEE CLAIM FORM

Claim No.....

EMPLOYER	Policy No. Renewal Date..... Branch Agent..... Date Premium Paid..... Insured's Name Address Tel. No. Business (a) is the Insured registered as a taxable person for V.A.T.? YES/NO. (b) if the Insured is registered for V.A.T., is full remission of input tax obtained? YES/NO. (c) if only partial remission of V.A.T. is obtained, state last annual adjusted percentage of tax recoverable.....
EMPLOYEE	Full Name Present or last known address..... Occupation and duties Were references obtained? YES/NO Have you any indemnity or security respecting the defaulter other than the above policy?..... Has he/she so far as you know, any property, or other assets?..... Please give details of any salary, commission, other remuneration or allowance which but for the default would have been due to him/her.....
DEFAULT	Date of discovery..... Since what date has the default been carried on?..... In what manner was it concealed and how was the agreed system of check overcome?..... What led to its discovery?..... Has there been any previous irregularity in the defaulter's accounts? YES/NO. If YES, please give details..... What is the amount of the default so far ascertained?..... Is this the final amount?.....If NO when will the final details be available?..... <p style="text-align: center;">NB. The final claim should be presented within 3 months with full details showing how it is calculated.</p>

I/WE WARRANT the truth of the foregoing statement.

Signature.....

Date.....