



AMERICAN HOME ASSURANCE COMPANY
 (New Zealand Branch),
 trading as AIG New Zealand, Incorporated
 with Limited Liability in the USA. A Member of
 American International Group, Inc.

16th Floor, ANZ
 Centre
 23 Albert Street,
 P.O. Box 1745,
 Auckland
 Phone 09 355 3100
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 3088

FIDELITY NOTIFICATION OF CLAIM CIRCUMSTANCE

- This form must be completed by a partner or director or principal of the insured.
- Any answers not fully known to that person must be investigated to obtain such knowledge.
- Copies of all relevant documentation must be attached.
- Please attach a separate sheet if insufficient space is provided for any part of this claim notification form

Policy number _____	Expiry date / /
Name of Insured _____	
Contact name to discuss the claim _____	Position _____
Phone _____	Email/fax _____
DISCOVERY : When was the loss first discovered? ____/____/____ Who discovered the loss? Name _____	
Position _____	Phone _____ Email _____
Under what circumstances was the loss discovered? Full details please.	
SUSPECT: Full name/s of the person/s suspected _____	
Last known contact / address. _____	
Is/are the suspect/s current or former employee/s? YES/NO Attach termination notice/s if applicable	
Name _____	Date employee hired ____/____/____ Terminated? ____/____/____
Name _____	Date employee hired ____/____/____ Terminated? ____/____/____
What position/s held at time loss discovered? _____	
What authority in position? _____	
Describe duties _____	
If not an employee, what was the relationship to Company? _____	
Describe any delegated or agency authority _____	
ALLEGATIONS: **Attach a full statement of allegations Has the suspect been confronted with allegations? YES /NO When? ____/____/____ Circumstances? _____	
**Attach any statement and interviewers notes with any reasons given for alleged shortage Has the suspect made an oral or written confession? YES/ NO	
POLICE: Attach police case number and advise status of charges Did you notify the Police? YES/NO When? ____/____/____	
What have you done to investigate and recover the loss since discovered?	
AUDIT **Attach the last audit report with **company's response to recommendations made When were the last two external audits done? ____/____/____ & ____/____/____	
What is the name and address of your external auditors? _____	
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QUANTUM **Attach substantiating documents	
What is the estimated value lost? \$ _____	Has this been fully substantiated yet? YES/ NO
What has been lost ? Money \$ _____ If Goods or other property? Describe fully _____	

