

# **GENERAL ACCIDENT**

# **Fidelity Guarantee**

Protection against financial loss due to dishonest/fraudulent acts of regular employees.

### Requirements for Quotation:

- 1. Information on the nature of the business
- 2. List of employees, positions to be insured and amount to be guaranteed
- 3. Description of hiring procedures
- 4. Description of Internal Control Procedures
- 5. Loss experience for the past 3 to 5 years

#### **General Claim Guidelines:**

- 1. In case of loss, the insured should notify Pioneer or his broker/agent as soon as he can.
- 2. Pioneer will then inform the insured on how the claim will be evaluated:
  - a) Claim documents may be requested for in-house evaluation and processing of the claim; OR
  - b) For more complex cases, an independent adjuster is appointed to handle the evaluation of the claim. The adjuster will contact the insured to schedule an inspection.
- Once the evaluation process is complete, Pioneer will notify the insured regarding the settlement of the claim.

#### Claim Documents:

- 1. 201 file of the defaulting employee, including his/her application for employment with photo
- Certificate of employment of the defaulting employee, together with a list of his/her duties and responsibilities and period of employment
- Certificate of monies withheld due to the defaulting employee, e.g. unclaimed salary, commissions, unpaid vacation/sick leaves and other monetary benefits
- 4. Audit report, with the following attachments:
  - a. DR/PR or Invoices and Checks
  - b. Affidavit of Payment or Customer's confirmation in writing
  - c. Copies of the subsidiary ledgers showing the non-posting of payments misappropriated by the erring employee defalcated by the erring employee

- 5. Copy of written internal control procedures
- Affidavit of the person who discovered the loss
- Copies of all the insured's Interoffice Memos, Investigation Report
- 8. Police Report and Statement of Witnesses (if any)
- Legal documents for filing of Estafa or Civil case against erring employee such as:
  - a. Demand Letter
  - Copy of Affidavit / Complaint and Counter Affidavits/ Answers with all Exhibits and Annexes
  - c. Status of the case filed and others
- Copy of the policy schedule showing that the involved employee is covered and O.R. for premium payment
- 11. Copy of admission / confession letter of the defaulting employee.

## **Pioneer Contact Center:**

(Landline) +63 2 7750 5433

(Globe) +63 917 871 3641

+63 917 540 0934

(Smart) +63 919 061 8859

+63 999 993 4054

