



Unit No A11, Block A, Bgn Habza
Spg 150, Kg. Kiarong, BE1318
Berakas MPC P O Box 12
Bandar Seri Begawan BB3577
Negara Brunei Darussalam
Tel: 2240401 / 2240402/03 Fax: 2240405

FIDELITY GUARANTEE INSURANCE QUESTIONNAIRE

Notice : Statement pursuant to Section 24(4) of The Insurance Act (Cap 142) you are to disclose in the proposal form fully and faithfully all the facts you know or ought to know otherwise the policy issued may be void.

1. Name of Proposer / Insured
.....

2. Address
.....
.....

3. Description of Business
.....
.....

4. How long has the business been established?
.....

5. Have there been any reported losses (whether insured or not) due to dishonesty of employees, partners or directors during the last five years? Yes No

If 'Yes', please provide details of a) Date, b) Circumstances, c) Amount of Loss
.....
.....
.....

6. Has any insurer in respect of the risks to which this Proposal relates ever
a) declined a proposal, refused renewal or terminated an insurance? Yes No
b) required an increased premium or imposed special conditions? Yes No

If 'Yes' in either case, please give details
.....
.....

7. Which of the following types of cover do you require?
(Please tick only one option and answer the following relevant section)

A. Cover for the entire workforce
B. Cover for employees in selected categories of occupations only
C. Cover for named employees only



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A. Cover for the entire workforce

	Category of Staff	Number of Employees	Estimated Annual Wages	Limit of Indemnity (per Employee)
1	Staff with direct responsibility for money, stock, accounts or computer operations			
2	Other staff			

B. Cover for employees in selected categories of occupations only

	Category of Staff	Number of Employees	Limit of Indemnity (per Employee)
1			
2			
3			
4			

C. Cover for named employees only

	Name of Employee	Designation	Years of Service	Limit of Indemnity
1				
2				
3				
4				
5				
6				
7				
8				

8. Please state the largest amount any employee is responsible at any one time

- a) Cash :
- b) Stocks :
- c) Securities :

9. Do you wish to contribute towards each and every claim? Yes No

If 'Yes', please state amount

Company System of Check

1. Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorising payment for them, so that no one person handles a transaction from beginning to end? Yes No

2. Is there a regular balancing of cash and stock books to reconcile with control records? Yes No

If 'Yes', how often is it being carried out?



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3. Is there a requirement of at least 2 signatories to authorise payments? Yes No
If 'Yes', please give description of such authorised signatories.
.....
4. Is there a requirement of dual signatories for cheques issuance? Yes No
5. Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? Yes No
6. Are all cash and cheques received banked in daily or at the latest the next banking day? Yes No
If not, please specify.
7. Is there an imprest system for handling of petty cash funds? Yes No
If 'Yes', please specify the persons who are authorised to manage the petty cash funds.
.....
.....
8. Are bank reconciliations and check of receipt counterfoils and vouchers being carried out regularly? Yes No
If 'Yes', how often is it being done?
9. Are all your customers given credit privileges? Yes No
If not, under what circumstances will they qualify?
.....
10. Is there a regular balancing and control of debtor accounts with statements sent regularly to all debtors? Yes No
If 'Yes', how often is it carried out?
11. Are there stocks (of any kind) kept for the conduct of your business? Yes No
If 'Yes', please give brief description of stocks. If not, please proceed to Q16.
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12. Are stock-takings frequently conducted? Yes No
If 'Yes', how frequent?
- Please list the persons responsible to carry out the stock-taking.
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13. Is there a limit as to the amount of stocks each employee can requisite at any one time? Yes No
If 'Yes', please state the limit.
14. Is there close supervision of storage and custody of all stocks maintained? Yes No
If 'Yes', identify person(s) who keeps the stock records.
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15. Are all deliveries to and from stores properly authorised? Yes No
If so, identify person(s) who has the authority.
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16. Are there persons in the company who are authorised to deal in securities? Yes No
If not, please proceed to Q20.
17. Are securities independently and physically checked with the register of securities regularly? Yes No
If so, how often?
List persons and their designations who are authorised to deal in securities.
.....
.....
18. Do transactions of such require authority of at least two authorising officials? Yes No
19. Are all securities held in the name of the Company? Yes No
20. Is there a regular independent system of internal audit on the activities of all persons guaranteed? Yes No
21. Is there a full external audit being carried out at least once a year? Yes No

.....
Signature of Proposer/Employer
and Company's stamp

.....
Date