

Insurance Product Information Document (IPID)

Fidelity Guarantee Insurance

To view the full policy document, please click [here](#) or visit www.allianz.lk.

This document provides a summary and may not be personalized to your insurance coverage requirements. The policy terms, conditions and warranties stated in the policy document and schedule prevail over this document.

1. Type of Insurance Cover.

Insurance against loss of money or goods due to employee fraud or dishonesty in the course of employment, subject to aggregate and per employee limits.

2. Summary of Insurance Cover.

This policy covers loss of money and/or goods belonging to the insured or for which the insured is legally responsible, caused by fraud or dishonesty of an employee:

- During the policy period.
- While employed continuously in the insured's business.
- Discovered during the policy period or within 6 months after expiry, death, or termination of the employee.

Indemnity is subject to the specific guarantee amount per employee and aggregate limit stated in the schedule.

3. Key Features, Exclusions and Terms & Conditions

This has been outlined in the Coverage Summary and may be customized in accordance with the customer's specific requirements.

Exclusions:

- Loss by unidentified employees or employees based outside of Sri Lanka.
- Change in business nature or employee duties without insurer consent.
- Failure to maintain proper accounting system and checks.
- Fraudulent claims or false declarations.
- Loss caused by insured's willful act or connivance.

Terms and Conditions:

- Policy and schedule form one contract; defined terms apply throughout.
- No liability if business nature, employee duties, or remuneration change without consent.
- No cover for fraud by unidentified employees or those outside Sri Lanka.
- Insured must maintain proper accounting system and checks.
- Liability limited to specific guarantee amount per employee and aggregate limit.
- Notify police immediately upon discovery of fraud.
- Notify insurer immediately; submit claim within 30 days with full details.
- No cover for acts after insured becomes aware of employee misconduct.
- Insurer may inspect records and circumstances of loss.
- Insurer may recover loss from employee or estate; insured must assist.
- Any money or property of employee held by insured reduces claim amount.
- Contribution applies if other guarantees or securities exist.
- Insured must prosecute employee if required by insurer.
- Insurer may cancel policy with 7 days' notice; refund pro-rata premium.
- Fraudulent claims or false declarations void all benefits.
- Disputes resolved by arbitration; award is condition precedent to legal action.

4. Mode of Payment of Premium.

No insurance will be in force until the proposal form has been accepted by the company and premium paid. Cheques should be drawn in favor of Allianz Insurance Lanka Limited and crossed A/C payee only. Online payments can be made by visiting our web page www.allianz.lk

5. Obligation to Disclose Material Facts.

Policyholders must disclose all material facts truthfully and completely at the time of purchasing the policy and during the term of the insurance. Failure to disclose may result in cancellation or denial of claims.

6. Obligation of the Policyholder When Making a Claim.

The policyholder must notify both the police and the insurer immediately upon discovering any loss. A written claim, accompanied by detailed proof, must be submitted within 30 days of discovery. The policyholder is required to provide evidence confirming that the loss occurred due to an insured cause and to cooperate fully with the insurer in all recovery actions and investigations. Any attempt to make a fraudulent claim will result in the forfeiture of all benefits under the policy.

7.Steps to follow in an event of a claim

Please refer Obligation of the Policyholder When Making a Claim.

8.Complaint & Grievance Handling Procedure.

- **Dispute resolution method at company level (internal process).**

If a customer is dissatisfied with the service received at any customer touchpoint or if a product does not meet expectations, there are several ways to file a complaint. Complaints can be submitted by visiting or writing to the Customer Experience Management Unit at Allianz Insurance Corporate Office, any branch office, or the Customer Care Centre at No 323, Union Place, Colombo 2.

Complaints can also be made by calling the Customer Experience/Complaints Management Unit at 0114 788 796 or 0114 788 814, or through the 24-hour hotline for General Insurance at 0112 303 300. Customers can send an email to info@allianz.lk or complete the feedback form on the website at www.allianz.lk.

- **Dispute resolution by the Insurance Ombudsman.**

If the customer is not satisfied with the resolution, the complaint can be referred to the Insurance Ombudsman.

Office of Insurance Ombudsman.

No 143A, Vajira Road, Colombo 5.

Telephone – +94 11 250 5542 / +94 11 250 5041

Email – info@insuranceombudsman.lk

Website – <https://insuranceombudsman.lk>

- **Dispute resolution by the IRCSL.**

Insurance Regulatory Commission of Sri Lanka

(IRCSL).

Director Investigations.

Insurance Regulatory Commission of Sri Lanka.

Level 11 East Tower, World Trade Center, Colombo 01.

Telephone – 0112396184-9 / 0112335167

Email – investigation@irsl.gov.lk / info@irsl.gov.lk

9. Contact Information.

For assistance, the following contact options are available:

1. 24/7 Customer Care (Sri Lanka): +94 11 2303300
2. Email: info@allianz.lk · Website: www.allianz.lk
3. Head Office: Levels 26-27, One Galle Face Tower, No. 1A, Centre Road, Galle Face, Colombo 02.

Data Privacy & Protection.

The Insurer is strongly committed to conducting its business in full compliance, and in accordance with applicable Data Privacy protection laws and regulations. All privacy related matters are governed by Allianz Privacy Notice which is available on the Insurer's official website <https://www.allianz.lk/dataprivacy-notice.html>. The said privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Further, the Insurer is committed to keeping your Personal Data only so long as necessary to fulfill the purposes for which the data was collected for or to fulfill legal obligations.

Definition:

Personal Data - means any information relating to an individual pre-approved by the Claims Administrator of the Insurance Company.

10. Importance notice.

The IPID is intended to provide a summary of the main cover and additional covers, if applicable and key features of the policy and is not personalized to your specific individual needs. Complete pre-contractual and contractual terms on the full and personalized information, and exclusions of the product are provided in your policy document. The IPID shall not form a part of the policy/ contract. Therefore, in case of any conflict, the terms and conditions mentioned in the policy document shall prevail.