

Fidelity Guarantee Claim Form:

Important Notice:

1. The Issuance of this form is not to be taken as admission of Liability by the Insurer
2. All questions must be answered

1. Policy Number.....
2. Name of Insured..... Tel.No.....
3. Address..... Email.....
4. Nature of Business.....Name of Contact person.....
5. Full Name of Defaulter.....
6. His/Her recent or last known address.....
6. Date of first employment with you.....
7. Did you obtain referees at the last time of his/her employment with you? If so, from whom.....
.....
8. Particulars of defaulter's remuneration.....
9. State name of previous defaulter and periods in each employment.....
.....

10. State fully the occupation and duty of the defaulter.....
State when they first came to your notice.....
.....
12. What Investigations regarding the losses have been made to date?.....
.....
13. What is the amount of fraud as at present ascertained?.....
14. When the fraud discovered?.....By whom?.....
15. State Briefly how the fraud was carried.....
.....
16. When was the police notified? Date..... Time.....am/pm
17. Name of Police station.....
(Police Abstract to be attached)
- 18 Has any court action been taken or has the defaulter been prosecuted, if so date and nature of judgment
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19. Have you any indemnity or security respecting the defaulter other than the above policy? If so, give detail
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20. Has the defaulter, so far you know, any property or other assets? If so, give particulars.....
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21. Is there any salary, commission, other remuneration or allowance which but for the default would have been due the defaulter?.....

Requirements where applicable;

- a) Audit reports
- b) Police reports
- c) Defaulter's written confession

Declaration.

I /We declare the above particulars in this claim form are true and that I/We have not misstated or suppressed any material facts and I/We undertake to render the company every assistance in my/our power in dealing with the matter.

Date.....

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(Signature & Stamp)