



**THE COOPERATIVE INSURANCE
COMPANY OF KENYA LIMITED**

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CIC INSURANCE

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FIDELITY GUARANTEE CLAIM FORM

CLAIM NO.

Name of Insured:

Address: Telephone:

Name of Defaulter: Age:

Present Address:

Occupation at the date of default:

Date of discovery of the default:

For how long, and in what manner, has the default been carried on and concealed?

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What led to its discovery?

What is the amount of the default as at present ascertained?

Has there been any previous irregularity in the defaulters account?

If so, state when, and give particulars

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When was the matter reported to Police and to which station?

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On what date were his accounts last checked and found correct?

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Has he, so far as you know, any property furniture or other effects?

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Is there any salary, commission or other remuneration or allowance due to him?

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Do you hold any other security in addition to this Guarantee?

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Has the Defaulters been discharged from your services? If so, on what date?

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Has a proposal for settlement been put forward by the Defaulter?

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date: Signed:

Address:

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IT IS IMPORTANT THAT THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY AT ONCE. THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

"We keep our word"