



Better. Simple. Life.

FIDELITY GUARANTEE CLAIM FORM

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

In addition to the claim form, please submit the following:

Police abstract report

Calculation of the loss, with supporting documents

Written References obtained from previous Employers

Remember, the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

PLEASE NOTE

If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

Insured's Details

Full Name _____
Last Middle First

Policy Number _____

Date of payment of last premium _____

Address _____ Telephone _____

Email _____ Fax _____

Business or Occupation _____

V.A.T. registration No. _____

PIN No. _____

1. Defaulter

a) Name of defaulter _____

b) Age _____

c) Present Address _____

d) Designation at the date of the default _____

e) Salary per month _____

f) Length of service up to the date of the default _____

Date of Initial Remitment _____ Date of Default _____

g) Previous positions held in company and length of time served _____

h) Previous employers

(1) Name: _____

Duration: From : _____ to _____

(2) Name: _____

Duration: From : _____ to _____

(3) Name: _____

Duration: From : _____ to _____

2. Default

a) Date of discovery _____

b) For how long has the default been carried on and concealed? _____

c) In what manner has the default been carried out? _____

d) What led to its discovery? _____

e) What is the amount of the default as at present ascertained? _____

f) Have you previously suffered any loss similar to the present one? Yes No

If so, state when, and give details as to:

Date Discovered _____

Duration of the default _____

Amount on Insurer _____

3.

a) Has there been any previous irregularity in the defaulter's accounts? Yes No

If so, state when, and give details _____

b) On what dates were his/her accounts last checked and found correct by:

i) Auditor _____

ii) Person responsible for supervising employee's work _____

c) Has the defaulter been discharged from your service? Yes No

If so, on what date? _____

If not discharges state the action taken _____

4. Has the employee, as far as you know, any tangible assets? Yes No

5. Is there any salary, commission or other remuneration or allowance due to the employee? Yes No

If so, please give details _____

6. Has a proposal for settlement been put forward by the defaulter? Yes No

If so, please give details _____

7. Have you made any recoveries? Yes No

If so, please state amount _____

8. Do you hold any other insurance or security in addition to this guarantee? Yes No

If so, please specify _____

9. Have you reported the matter to CID or police for investigation and possible prosecution? Yes No

If so, where and when? _____

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

Signature _____

Name _____

Title _____ Date _____

Company Stamp

