

LION OF KENYA

INSURANCE COMPANY LIMITED.

Head office: Williamson House , 4th Ngong Avenue
P O Box 30190, 00100 Nairobi , Kenya
Telephone 2710400 Fax : 2711177
E-mail : insurance@lionofkenya.com

Branch: Jubilee Insurance building, Moi Avenue
P O Box 80212 Mombasa , Kenya
Telephone 224976 Fax: 224356
E-mail : insurance.msa@lionofkenya.com

FIDELITY GUARANTEE CLAIM FROM

1. a) Name of Insured
- b) Address
2. Name of Defaulter Age
3. Present Address
4. Occupation at the date of the default
5. Date of discovery of the default
6. For how long, and in what manner has the default been carried on the concealed?
7. What led to its discovery?
8. What is the amount of the default as at present ascertained?
9. Has there been any previous irregularity in the defaulters accounts? If so, state when, and give particulars
10. When was the matter reported to Police and to which station?
11. On what date were his accounts last checked and found correct?
12. Has he, so far as you know, any property, furniture or other effects?
13. Is there any salary, commission or other remuneration or allowance due to him?
14. Do you hold any other security in addition to this Guarantee?
15. Has the defaulter been discharged from your service? If so, what date?
16. Has 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

*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.