

Fidelity Guarantee Claim Form

The issue of this form does not imply admission of liability on the part of the Company.
Each item should be completed correctly and in good faith

- Policy / Certificate Number
- Insured Name
Address
- Date of Loss/Damage Time
- Give the name of defaulting employees and their respective positions
Name and Position
Name and Position
Name and Position
- Have the Police been notified Yes No
If yes, provide details
Name the Police Station
Give date of notification
Give name of person who notified the police
- State the period during which the default took place
- What is the total amount of the loss
- Give full details of how this amount has been calculated (see attached schedule)

Has the amount of loss been certified By Accounts or Auditors? If so, attach The Accountant's/ Auditors report

9. Have the employees been involved in or been suspected of any previous loss?

If yes, Give details

10. Give full details of the circumstances of the loss and how it was discovered

11. What methods were used to conceal the defalcations?

12. What steps have been taken to prevent recurrence

13. Have any other monies due to the defaulting employee been withheld? Yes No

If yes, provide details

Salary

Commission

Pension/ Gratuity

Leave Pay

Other

14. Do you hold any other guarantee or security for the employee. Yes No

If yes, give details

DECLARATION

I / We hereby claim the sum of _____ which was misappropriated and declared that the above statement is in all respects true and correct.

Date

Name, signature and company's seal