



FIDELITY GUARANTEE CLAIM FORM

Insured _____ policy no. _____

1. Name of Employer	
2. Address of Employer	
3. Surname and other names of employee involved	
4. Address of the employee involved	
5. Number on policy schedule.	
6. Date of appointment of the above named employee	
7. Has he, since that date been continuously been in your service till now?	
8. From what date was his employment by you terminated?	
9. (a) On what date were the losses discovered? (b) from what date have the defalcations committed by the Employee? (c) How were the losses first discovered?	(a) (b) (c)
10. Have the police been notified? If so, when and where?....	
11. (a) State the nature of defalcations..... (b) State as far as is known the extent of the losses you have sustained through the acts (c) Does the employee agree the amount of deficiency? (d) By what method and in what circumstances were the Defalcations committed?	(a) (b) (c) (d)
12. (a) State in detail the system of supervision and checking of accounts exercised over the employee... (b) On what date was the last local check (as opposed to checking of statements of account submitted by the employee or branch) made prior to the discovery of loss (c) Who made the inspection? What is the rank of the person?	(a) (b) (c)

13. Have there, to your knowledge, been any previous irregularities committed by the employee? If so, particulars stating when they came to your notice.....	
14. Give particulars of the employees remuneration.	
15. Please furnish details of: - (a) Any security or securities held by you or on your behalf in respect of the above employee other than this Fidelity Guarantee .. (b) Any other money or property in your custody due or belonging to the employee. Please note that such money or property should be retained by you pending our instructions.	(a) (b)
16. Do you know the present whereabouts of the employee? If so please give precise details.	
17. Are you in touch with him or any member of his family?	
18. Have you removed from the employee's custody all goods or property belonging to you	
19. Have this employees customer's (if any) been advised that he know longer has authority to represent you?	
20. What investigations regarding the losses have been made to date.	
21. If professional accountants are investigating these affairs , please state name and address.	
22. (a) What references were obtained when the employee was appointed by you? (b) Please state names of Previous employers concerned and the periods in each employment. (c) Did any reference suggest any adverse feature?	(a) (b) (c)

DECLARATION BY EMPLOYER

I /We hereby declare the above particulars to be true to the best of my/our knowledge and belief, and I/we undertake to render the company every assistance in my/our power in dealing with the matter.

Name.....

Address

STAMP.....

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Date

SignatureStamp.....