



FIDELITY GUARANTEE CLAIM FORM

This Claim Form is to be completed by the insured and sent to the Insurer immediately the damage/loss/fraud is discovered and its extent and cost can be estimated.

The Company does not admit liability by the issue of this form.

Insured: _____ Policy No. _____

Address: _____

Telephone No: _____

1. Branch (where the loss occurred): _____

2. Location of Branch: _____

3. Name of (Branch) Manager: _____

4. Name(s) of Schedule Officer(s): _____

5. Name(s) of culprits: If known: _____

6. How was loss/damage/fraud (detected): _____

7. Brief account of the loss/damage/fraud (or attach typewritten account)

8. Date on which loss/damage/fraud was detected: _____

9. If continuous act give duration of act: From: _____

_____ To: _____

10. Total amount of claim: _____

11. Analysis of breakdown of amount of claim:

12. Measures taken to minimize future loss/damage

13. Under which portion of policy are you claiming: _____

14. Is the incident reported to the police? _____

If yes which Police Station: _____

15. Have you insured with any other company? _____

If yes please give name of the company: _____

NB: Any other information could be typewritten and attached.

The undersigned hereby declares that the above information is given in good faith and the best of his knowledge.

Date: _____ Place: _____

Signature: _____